

**WOMEN'S EXPERIENCES OF ENGAGING IN  
INTIMATE PARTNER VIOLENCE IN HETEROSEXUAL  
RELATIONSHIPS: AN INTERPRETATIVE  
PHENOMENOLOGICAL ANALYSIS**

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## **ABSTRACT**

Historically, intimate partner violence (IPV) has been conceptualised as a gendered problem of men's violence towards women, based on a model of male patriarchy. Within this paradigm, 'victims' are considered female, and 'perpetrators' male. Despite the growing body of research challenging this perspective and suggesting more parity between men and women in their propensity for violence, UK services and treatment programmes continue to be influenced by the gender paradigm, thus neglecting men and women whose experiences do not fit this dominant discourse.

The current study aimed to give voice to women who have been abusive and violent towards male partners, to learn more about their subjective experiences. Interviews were conducted with seven women. Transcripts were analysed using Interpretative Phenomenological Analysis, underpinned by a phenomenological hermeneutic epistemology. Three themes were developed; the women foregrounded past abusive traumatic experiences in their accounts, and the way they repeated, replayed, and re-enacted these is illustrated in 'Repeating the Past'. 'From Pain to Violence' captures how their rage and violent behaviour appeared to be a complex manifestation of these earlier unresolved experiences. 'Disconnecting' illustrates the way they disconnected from their experiences, and experienced breakdowns in social connection.

The findings highlight the need for practitioners working with IPV to provide multidimensional, relational approaches to treatment, in which the therapeutic relationship is carefully considered. Individualised clinical interventions that develop emotional, psychological, and neurobiological capacities may be beneficial. The study advocates the need for practitioners to be aware of, and open to challenging assumptions about intimate partner violence, thus reflective practice and supervision is fundamental.

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## **LIST OF ABBREVIATIONS**

CJS	Criminal Justice System
CTS	Conflicts Tactics Scale
DBT	Dialectical Behavioural Therapy
HO	Home Office
IPA	Interpretative Phenomenological Analysis
IPV	Intimate Partner Violence
PTSD	Post Traumatic Stress Disorder

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# **CHAPTER 1**

## **INTRODUCTION**

Historically, women have been idealised as gentle, passive, and nurturing (Bernardez, 1987; Welldon, 2000). Female violence, therefore, challenges prevailing societal norms of femininity and womanhood (Richardson, 2005), and has tended to be denied and ignored (Motz, 2008). When women do deviate from the feminine ideal, it is considered extreme, and they are vilified and denigrated. This unhelpful polarisation of idealising and demonising leaves women with a strong sense of guilt and shame when they fail to meet society's expectations of "good womanhood" (Motz, 2008, p. xv).

My first clinical encounter of female violence was prior to the doctorate when I worked in a secure adult mental health setting and did some joint-work with my supervisor with a woman who had sexually abused an infant. It was disturbing to confront, yet what struck me was some of the clinical team's response to the case, which was notably judgemental. It occurred to me that this was something not often explored, and I questioned how adequately we had met her needs. In attempting to understand what can seem incomprehensible, it was this that prompted the development of this project.

Whilst female violence is beginning to be acknowledged by some, still the prevailing assumption is that men are the 'perpetrators' and women are the 'victims' (Motz, 2008). Possibly in no other arena has this been more contested than in intimate partner violence (IPV; Carney, Buttell & Dutton, 2007). Despite research indicating equal rates of violence initiated by men and women in intimate relationships (Archer, 2000; Stets & Straus, 1992), Dutton and White (2013) point out "the stereotype invoked when one mentions 'domestic violence' is of a bullying, domineering man who is hyper-reactive to jealousy and has a drinking problem. He threatens, assaults and verbally intimidates a non-violent woman-victim" (p.6). Indeed, gender role stereotypes have been found to influence practitioners, criminal justice officers and the public's perceptions of the severity of IPV (McCarrick, 2015). However, this purified, generalised victim-figure of women leaves those that don't live up to the expectations with unspeakable internal distress, and neglects the safety of partners and children (Motz, 2008). Furthermore, by silencing their voices, their experiences of their violent and abusive behaviour remains

misunderstood (Flemke & Allen, 2008), which may hamper therapeutic interventions.

With more women and men presenting at therapy with accounts that do not fit this dominant discourse, female-perpetrated IPV needs to become more public in order to educate people about the issue, and the myriad of configurations and contexts IPV occurs. The current research therefore aims to illuminate the experiences of women who have been abusive and violent, whose voices have typically been marginalised. Rather than attempting to make claims at group level, this research honours the individual, and their experiences. Part of my agenda in conducting this research is to stimulate practitioners to think about the issue of female violence. When I presented a poster (Appendix 1) about the project in July 2015 at the British Psychological Society's Division of Counselling Psychology Annual Conference, I noticed how, in comparison to other posters, few practitioners stopped to absorb the content. Despite the seemingly lack of interest, my poster won a prize, signifying to me that whilst it remained difficult for some practitioners to confront, the topic was being acknowledged at an organisational level, demonstrating a hopeful progression for the topic.

Having approached the project from a Counselling Psychology perspective, reflective practice has been an integral part of the research process. How my fore-understandings, assumptions, and personal and professional experiences have guided and shaped this project will be discussed throughout. I have found it interesting how, through engaging in the research, I have developed further insight into my own processes, and developed further understanding of personal experiences of female violence, which once appeared to me incomprehensible. The research therefore not only has professional significance, it also has personal meaning.

## CHAPTER 2

### INTIMATE PARTNER VIOLENCE: CONCEPTUALISATIONS, CONTROVERSIES, AND THE CURRENT PROJECT

#### 2.1 Introduction

This chapter provides an overview of the historical context of intimate partner violence, along with more recent literature that conceptualises IPV in relation to attachment, trauma, and neuroscience. The aim is to highlight key controversies, critically discuss methodological, epistemological, and theoretical issues within the literature, and explore current emerging perspectives, in order to provide a context and rationale for the development of the project.

##### 2.1.1 Definition of domestic violence and abuse

Many definitions have been used to describe patterns of abuse and violence between intimate partners, although none have been universally accepted (Flynn & Graham, 2010). However, definitions generally incorporate physical, psychological, and sexual abuse among current or former intimate partners, as in the UK Home Office (HO) definition:

*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, psychological, physical, sexual, financial, [and] emotional (HO, 2016)*

The differing words and phrases used to define IPV have been described as metaphors representing the diverse ideological perspectives of the researchers and practitioners that use them (Nicholson, 2010). For example, in contrast to the HO definition above, the term ‘wife battering’ instead foregrounds physical abuse by men within heterosexual marital relationships, centering upon women’s victimisation (Walker, 1984; Azam-Ali & Naylor, 2013). Other terms such as ‘domestic abuse and violence’ not only recognise both men and women have the propensity for violence, (e.g. Dutton, 2008) but also

extends the problem to the family home, incorporating parent-to-child, child-to-parent, and sibling, abuse.

#### 2.1.1.1 Rationale for terms used

‘Intimate partner violence’ has been used in the title of this thesis to reflect the primary focus of abuse and violence that occurs within intimate romantic relationships, rather than the wider family. However, different terms have sometimes been used to reflect the cited terms used in literature.

#### 2.1.2 Incidence and prevalence

The rate of IPV perpetration and victimisation is one of the most contested topics within the literature. Findings differ dramatically depending upon the samples studied and the measures used (Holtzworth-Munroe, 2005), and it has been argued that the different statistics promoted have been used to support different ideological perspectives (Kimmel, 2002; Johnson, 2010; Archer, 2000). However, a consistent agreement within the literature is that IPV is under-reported. There may be a variety of reasons for the under-reporting, including commonly held beliefs about social gender roles (Brown, 2004; Straus & Gelles, 1992), an unwillingness to admit to behaving violently or aggressively (Henning & Holdford, 2006), fear of retribution from the violent partner (Johnson, 2010) and differences in interpretation of violent and abusive behaviours, particularly when completing IPV-related questionnaires (Evans et al., 2016). In the UK, the government publishes estimates of the number of IPV incidents each year. Although widely cited, these statistics come from the Crime Survey for England and Wales, which limits the figures to those acts that are perceived as a crime and reported to the police. However, not all people conceptualise IPV as a crime. Some men can also appear reluctant to report abuse and violence from women, as it may be perceived as emasculating (Herman, 2015). These figures are therefore also regarded to underestimate the extent of the problem in the UK (Dixon & Graham-Kevan, 2011). Whilst acknowledging that the HO statistics are subject to under-reporting, the most recent annual figures published suggest that 8.2% of women and 4% of men experienced IPV in 2014/15, equivalent to 1.3 million women and 600,000 men.

#### 2.1.3 Impact of violence and abuse in intimate relationships

The impact of male-perpetrated IPV on female victims has been well documented in the

literature. Along with physical injuries, women are reported to experience a range of physical and psychological health consequences, including depression, anxiety, post-traumatic stress disorder (PTSD), and low self-esteem (Bell & Naugle, 2008). Historically, the assumption has been that the consequences for male victims of female-perpetrated IPV are less severe (Archer, 2000), however male underreporting of injuries sustained from female partners suggests difficulties in establishing sufficient data (Randle & Graham, 2011). More recently, a growing body of research has documented the significance of IPV on male victims (e.g. Holtzworth-Munroe, 2005; Hines, 2007) - resulting in physical injuries ranging from broken bones and teeth (Cascardi et al., 1992) to burns and gunshot wounds (Duminy & Hudson, 1993), and mental health problems such as depression (Cascardi & O’Leary, 1992; Coker et al., 2002; Hester et al., 2015), suicidal ideation (Mascho & Anderson, 2009), substance misuse (Randle & Graham, 2011), and PTSD (Hines, 2007). Women’s abuse and violence towards their partner has also been reported to increase the likelihood of the violence escalating between the couple, putting women at risk of potential injury from their partner. For example, Hamberger and Potente (1994) found men became violent to stop their partner’s expression of anger towards them.

The negative consequences of IPV extend beyond the adults in the relationship, to the children who witness the abuse in the family home. As such, children have been referred to as the “invisible victims”, or the “unintended victims” of IPV (Holmes, 2013). Depending upon the developmental stage of the child, exposure to IPV may have a differing impact. However, the social development of the child has been reported as being heavily compromised no matter what developmental period the child is in – from attachment bonds in infancy to making friends at school, to navigating healthy dating relationships during adolescence (Howell et al., 2016). Further, it has been consistently reported that children exposed to IPV are at greater risk of neglect and maltreatment (Secco, Letourneau, & Collins, 2016; Hamby et al., 2011); the effects of IPV on female victims, such as trauma, depression, and heightened risk of substance misuse, can compromise a mother’s ability to be emotionally available and responsive to her child, and to be able to provide a basic sense of trust and security, all of which are paramount in influencing how children learn to process, understand, and cope with a variety of emotional states (Bancroft & Silverman, 2002; Ahlfs-Dunn & Huth-Bocks, 2016; Buchanen, Power, & Verity, 2014). As a result, children’s development of affect

regulatory processes can be thwarted, the effects of which may continue through adolescence and into adulthood (Katz, Stettler, & Gurtovenko, 2016). Research has also documented that IPV frequency has been associated with poor maternal mental health (Holmes, 2013). Mothers with mental health problems have been shown to be more likely to demonstrate lower maternal warmth and engage in physical and psychological abuse towards their children, which is associated with increased aggressive behaviour by the child, and increased risk of victimisation and/or perpetration of IPV in later life (Holt, Buckley, & Whelan, 2008; Stanley, 2011). Therefore from a systemic perspective, IPV can have far-reaching implications and may result in generational and vicious cycles of violence.

IPV has also been reported to have financial impact on the UK in relation to healthcare, social services, housing and refuge, and the criminal justice system (Walby, 2009), making it a topic high on political, legal, social, and healthcare agendas. Whilst this has prompted a large amount of research on IPV, which has offered a range of theories to understand the phenomenon, social and criminal justice policies have been dominated largely by one paradigm, the gender paradigm, which conceptualises IPV as primarily a male-perpetrated phenomenon in defence of patriarchy (Dutton, 2012).

## **2.2 The Historical Context of Female IPV**

Once thought to be exclusively perpetrated by males, literature on intimate partner violence has since come a long way in the last 40 years in recognising and acknowledging women's violence and abuse towards men. However in-between, literature has been polarised by prevalence rates and unhelpful debates about who hits whom more often (e.g. Archer, 2000; Dobash & Dobash, 2004). Despite some of these issues still being argued today, a more contemporary understanding of IPV is emerging from a multi-dimensional framework incorporating advanced understanding of attachment theory, trauma, (Dutton, 2008) and neuroscience (Seigel, 2013).

### **2.2.1 The feminist paradigm**

Born out of the second wave of feminism in the 1970s - a political movement pushing

for legislation and legal reform to recognise rape and domestic violence as serious issues - world attention was brought to IPV. As a result, the first women's shelters were established, perpetrator intervention programmes were launched, and changes in the legal and criminal justice system (CJS) were made to mark violence against women as a crime (Azam-Ali & Naylor, 2013). Since, the feminist paradigm has been one of the predominant theoretical perspectives of IPV. Using terms such as 'wife battering' and 'woman abuse', it maintains that domestic violence is a direct cause of gender power disparity in a patriarchal society, where men use various tactics including physical violence to control and exert their dominance over women (Dobash & Dobash, 1977; Walker, 1984; Dasgupta, 1999). This gendered perspective has been instrumental in guiding British organisations and codes of practice, as well as those in the US, Canada, and Australia (Graham-Kevan, 2009).

Feminist researchers have typically obtained data from selected samples of female victims from shelters and A&E departments, and male perpetrators from the CJS, which has produced findings with high rates of male-to-female violence (Dutton, 2012). They have argued that epistemologically, the reality of IPV is reflected genuinely in these service populations, and therefore extrapolate findings to the general population who experience IPV (Winstok, 2011). The methodology used in studies supporting this gendered perspective has been subject to criticism. Among others, Dutton and White (2013) criticise the selective-sampling method used, suggesting it provides skewed findings that foster a misleading picture of the phenomenon. Further, research supporting the gendered paradigm has been criticised for only asking women about their victimisation, rather than about both partner's potential perpetration and victimisation (Dixon & Graham-Kevan, 2011; Dutton, 2006). However, feminists have argued that if women are violent, it is always in self-defence, retaliation, or a 'pre-emptive strike' aimed at preventing an inevitable attack by their partner (Bograd, 1988; Walker, 1984; Dobash & Dobash, 2004).

The theory that underpins the feminist paradigm has also been challenged, particularly for its unidirectional standpoint that fails to explain abuse and violence between same-sex couples (Brown, 2008). Further, Russell (2012) describes this gendered perspective based on male patriarchy as reductionist, failing to take into account the many other possible underlying factors that influence one partner to be violent and abusive towards

another. Approaching any complex psychological problem from ideology alone is bound to be problematic.

### **2.2.2 The gender symmetry debate**

Despite the tremendous contribution made by the feminist paradigm, and the much-needed insight it provided into domestic violence at the time, it has been argued that too great an emphasis was initially placed on male ‘perpetrators’ and female ‘victims’ (Holtzworth-Munroe, 2005). When data emerged in the 1970’s from nationally representative surveys in the US demonstrating that women too were violent in their intimate relationships, and at similar rates as their male partners (Straus, Gelles, & Steinmetz, 1980), this created one of the greatest debates in IPV literature (Hamberger & Larsen, 2015). Following this, an increasing number of reports replicated these findings demonstrating ‘gender symmetry’, (Archer, 2000; Hamberger, 2005; Holtzworth-Munroe, 2005, Moffit & Caspi, 1999) with some studies even suggesting that women engaged in physical aggression more frequently than men (Archer, 2000; Stets & Straus, 1992). Out of this research, the ‘gender-inclusive’ perspective was developed, which views IPV within the context of interpersonal conflict whereby either one or both partners engage in violent and/or abusive behaviours. The perspective encompasses a number of theories including power theory (Straus, 1976), social learning theory (Bandura, 1971), personality theories (Dutton, 1995) and nested ecological theory (Dutton, 2006).

Feminist researchers have heavily challenged this alternative perspective. Kelly (1996) explains how difficult it has been, and remains, for feminists to acknowledge and discuss female violence, out of fear this might undermine the acceptance of the extent of male violence towards women, for which they fought tirelessly. Among their criticisms, they highlight methodological limitations of the studies; typically, research conducted from this gender-inclusive perspective has obtained data from community samples of young people, using a self-report measure, the Conflict Tactics Scale (CTS; Straus, 1979) to capture prevalence rates of IPV. The CTS has been criticised for merely providing mutuality rates and not asking participants about context, motivational factors, meaning, and outcome of violence (Dasgupta, 2001). Further, Dobash and Dobash (1992) have argued that in relation to these mutuality rates, they see no conceptual framework that exists that would support this finding to explain why men



and women would think and act alike. Irrespective of whether or not Dobash and Dobash are correct in this, it demonstrates their tendency to seek broad and generalised assumptions about men and women, rather than being open to the complexities of IPV.

In response to gender symmetric rates of IPV, feminist researchers have also argued that despite these rates, the majority of studies (e.g. Archer, 2000) demonstrate that women sustain more serious injuries than men. They therefore maintain that women's violence towards men cannot be comparable to men's violence towards women, and conclude the gender symmetry perspective is unwarranted (Dragiewicz & DeKeseredy, 2012). This has resulted in male injuries typically being glossed over, and further emphasis placed on male-perpetrated IPV. Other studies have supported this, with findings suggesting that women report being more afraid of abusive partners than men. However Holtzworth-Munroe (2005) has suggested that more sophisticated measures need to be developed to understand the complex experiences of IPV, as it could be argued that men have learned to not report their true levels of fear through socialisation that they should be physically dominant and not afraid of female aggression, when they might actually experience similar levels of fear as women. Despite the limited research, studies have found that many men are physically injured by their female partners, and sometimes even killed (Mann, 1996; Terrance, Plumm, & Kehn, 2014). Women have been reported to use weapons such as bricks, axes, fireplace poker, and guns to severely injure their partners (Hines & Douglas, 2009). Despite evidence suggesting women suffer more severely than men, it is important to ensure these data do not undermine the significant impact on men.

### **2.2.3 A typology of IPV**

In an attempt to bridge the gap between the two prevailing perspectives, feminist researcher and sociologist Michael Johnson (1995) examined survey data and introduced a typology of IPV, based on the recognition that the two different perspectives have been established from two different samples. He proposed that the data derived from community samples, which has shown women and men to be mutually violent and is termed gender symmetry, demonstrates 'common couple violence'. He described this as lower-level, mutual violence that emerges within conflict, where injury is negligible. He then proposed that data obtained from clinical samples such as shelters and the CJS, refers to repetitive and severe violence,

perpetrated exclusively by men to control female partners. This, he categorised as ‘intimate terrorism’.

Although Johnson’s typology could be seen as a slight development of feminist theory, in that it acknowledges that violent relationships can be different, it continues to support the dichotomy that male-perpetrated IPV is more severe and more serious, and female-perpetrated IPV is less severe and less serious. It also fails to recognise that relationship dynamics are not necessarily fixed, and that couples might not fit into one particular category (Mills, 2008). Further, it has been argued that the typology was based on biased sampling (Hamel, 2007; Dutton, 2010) and research has since contradicted his findings (e.g. Graham-Kevan & Archer, 2005).

Although these theories have offered critical insights into some of the dynamics of abuse and violence in intimate relationships, it is important to recognise they are not all encompassing and may not capture the complex dynamics of IPV.

## **2.3 Making Sense of Women’s Violence and Abuse towards Men**

Subsequently, some researchers moved beyond the ‘who hits whom more often’ debate and focused their attention on trying to understand the motivations behind women’s violence towards men. Historically, this has been explained in the context of violence perpetrated against them by their male partners; feminist researchers have consistently described women’s violence as self-defensive or retaliatory (Henning, Jones & Holdford, 2003; Dasgupta, 1999; Moffit et al., 2001). However in contrast to this, studies have generally shown that self-defence is only reported as a reason for violence by a minority of women (Sommer, 1994; Foo & Margolin, 1995), and that the motivations behind women’s IPV are complex and multifaceted (Graham-Kevan & Archer, 2005).

In a review of the literature on men and women’s motivations for IPV, Langhinrichsen-Rohling, McCullars and Misra, (2012) highlighted difficulties in drawing conclusions from existing literature, given that studies have measured different motives, and used

different measures and different samples. For example, they explained that studies using open-ended questionnaires have captured a greater diversity of motivational responses compared to studies that have only specified a limited number of motives (25% of the studies in the review). Further, they highlighted that even if a perpetrator was able to reflect upon, and identify their motives, they may believe some motives to be more acceptable to report than others, which influences their admissions. For example, the authors suggested it might be more socially acceptable for women to admit to being violent towards their partner as a result of jealousy related to their partner's infidelity, than to admit being violent as a power and control strategy. This limitation has been highlighted by a number of researchers, who have noted that the majority of studies reporting motivations have used self-report measures, which are subject to respondent distortions; research has frequently documented that male perpetrators often blame their partner for their actions, minimise the severity of their violent behaviour, and/or deny it altogether (Bograd, 1988; Hamberger, 1997; Whiting, Parker, & Houghtaling, 2014). The same has been found in female perpetrators (Henning, Jones & Holdford, 2005). Further, self-report measures have been criticised for imposing pre-conceived categories that over-simplify the motivation of a behaviour that is particularly complex.

Despite these limitations, Langhinrichsen-Rohling et al. (2012) found similarities between studies that have explored the most frequent motivations for IPV perpetration for men and women. Common explanations in these studies included retaliation for emotional hurt, to stop a partner from doing something, jealousy, stress, to express anger, and to express feelings that could not be put into words or communicated (Kernsmith, 2005; Shorey et al., 2011). The authors concluded that further research, incorporating qualitative as well as quantitative designs, was needed to lead to deeper, multifactorial understandings of what underlies female IPV.

### **2.3.1 Women's abuse and violence in intimate relationships, as they see it**

Limited qualitative research has studied women's narratives of their own violence (Ferraro, 2013). Flinck and Paavilainen (2010) used a descriptive phenomenological design and interviewed 24 Finnish women who had behaved abusively, aggressively, and/or violently in their intimate relationships. They found that initially the women denied behaving violently, and downplayed and normalised their violent behaviour. They only admitted verbal attacks, which they minimised and did not regret. The

women described experiencing shock and guilt upon realising the reality of their behaviour. The authors found that the women justified their violence, for example seeing it as self-defence, and excused it, referring to the distress and burden they felt. Lastly, the authors found that becoming conscious of their violence was difficult for the women, who also did not identify a need for help, attributing greater blame to their partners. Flinck and Paavilainen suggested that the normalisation of violent behaviour might be associated with childhood maltreatment, and an indication of the women's victimisation. They concluded that further understanding of female IPV is needed, along with the development of new approaches, appropriate interventions, and updated professional training. The overarching theme of this study highlights how difficult it might be for women to recognise and admit their violent behaviour.

Another study by Seamans, Rubin, and Stabb (2007) highlights the relevance of previous experiences of abuse and trauma in female IPV. They interviewed 13 American women attending IPV perpetrator treatment programmes. Using interview content analysis, they found that all women reported multiple experiences of childhood abuse or neglect, which the authors associated with the women's current violence, and suggested these early experiences may have normalised abusive behaviour, making it easier for them to tolerate abuse or become abusive themselves. The authors highlighted the women had repeated abusive intimate relationships and suggested that the context for their violent behaviour towards current partners extended beyond this relationship, including past relationships as well as childhood experiences of trauma and abuse. The authors noted that the women described their violence as out of control and out of their awareness. They found dissociative states to be common among the women and suggested a link with PTSD. Further motivations for violence also included self-defence, retaliation for emotional abuse, and a need to be heard by partners.

Whilst both studies have presented insights into the narratives of women who are violent towards their partners, what remains unclear is an understanding of their behaviours, for example, why the women have had repeated abusive relationships and feel out of control.

## **2.4 Attachment as a Framework to Understand IPV**

Both studies above propose that early relational experiences affected the women's later intimate relationships. Attachment theory (Bowlby, 1969) stresses the importance of interpersonal relationships, particularly early attachment relationships, in determining the way individuals perceive themselves and others. It has been proposed that attachment theory can provide a valuable conceptual framework to understand some of the dynamics in IPV (Dutton, 1995; Fonagy, 1999; Karakurt, Silver, & Keiley, 2016). At its core, attachment theory postulates an innate human need to develop strong affectional bonds with significant others who will provide proximity and protection at times of stress that will enhance survival. Bowlby (1969, 1980) highlighted the importance of the infant's early attachment relationship with its primary caregivers and proposed that repeated interactions between the two are internalised by the infant, and 'internal working models', or representations, about the self, others, and the self in relation to others are subsequently developed. These internal working models of attachment relationships are persevering, and guide the formation of relationships later on through life. Bowlby proposed that depending upon the quality of these early relationships, different attachment systems develop.

It was hypothesised that in moments of perceived danger or threat, a securely attached infant is able to seek proximity and physical contact with their caregiver, without risk, with the caregiver consistently reciprocating these attachment behaviours in response. As a result, the infant develops a sense of belonging and learns to tolerate separation. Further, they develop a positive model about the self and others. Conversely, infants develop insecure attachments when caregivers are experienced as insensitive, unresponsive, or rejecting of the infant's needs, or the infant experiences abuse from the caregiver. In these cases, infants develop negative models about the self and others. They may respond with avoidant, ambivalent, or disorganised behaviour, along with protests of anger intended to communicate to the caregiver that their attachment needs are not being met with the aim to re-establish the relationship connection. Bowlby (1973) emphasised that this type of anger can be functional as it works to promote the attachment bond. However, he explained that a child's anger could also become dysfunctional if the caregiver's response continues to be insensitive, unloving, or

lacking contingency, which can generate feelings of resentment in the child towards the caregiver. Instead of serving to strengthen the relationship, this anger threatens or weakens the attachment bond.

#### 2.4.1 Attachment in adulthood – implications for intimate relationships

From an attachment perspective, an individual's abusive and violent behaviour towards their partner can be viewed as an adult version of protest when attachment needs are not satisfied (Dutton, 2006). Conceptual parallels have been demonstrated between the infant's primary attachment with their caregiver, and attachment relationships with peers in adulthood, notably adult romantic relationships (Hazan & Shaver, 1987). Bartholomew & Horowitz (1991) proposed a four-prototype model of adult attachment, based on Bowlby's two-dimensional conceptualisation of internal working models, demonstrated in Figure 1.

Figure 1. Model of adult attachment.

		<b>Model of self (dependence)</b>	
		<b>Positive (low)</b>	<b>Negative (high)</b>
<b>Model of other (avoidance)</b>	<b>Positive (low)</b>	<b>Secure patterns:</b> characterised by comfort with intimacy and autonomy, self-confidence, and an ability to cultivate and maintain relationships, thus reducing the susceptibility to experiencing violence and aggression in intimate relationships.	<b>Preoccupied patterns:</b> characterised by dependency on others for self-worth, high anxiety, and an over-involved, demanding interpersonal style.
	<b>Negative (high)</b>	<b>Dismissing patterns:</b> characterised by compulsive self-reliance, avoidance of intimacy, minimisation of the importance of significant relationships, and defensive deactivation of the attachment system.	<b>Fearful patterns:</b> characterised by high attachment anxiety, low self-esteem, and conflicting attachment needs of closeness and distance.

Research has demonstrated that fearful and preoccupied individuals are at greatest risk of receiving abuse (Henderson, Bartholomew, & Dutton, 1997), and perpetrating abuse (Dutton, 1999; Babcock et al., 2000). Bartholomew et al. (2000) have suggested that it

can be the combination of individual attachment styles in a romantic dyad that can make a relationship more susceptible to becoming abusive, particularly if there is a clash of attachment needs; for example, studies have indicated that a combination of a highly anxious (either preoccupied or fearful) woman and a highly avoidant (dismissing) man is associated with IPV from both partners (Doumas et al., 2008; Allison et al., 2008; Belanger et al., 2015). Doumas et al. (2008) concluded that within this dynamic, IPV was the result of a discrepancy between the need for distance and emotional separation in an avoidant man, and the need for closeness and reassurance in an anxious woman.

Bartholomew et al. (2000) have argued that in contrast to the unidirectional perspective advocated by the feminist paradigm, violence and abuse in intimate relationships can be better understood within a dyadic context where both individuals in the relationship are considered in relation to one another.

#### **2.4.2 Risk factors for IPV**

Attachment theory suggests that insecure attachment is a risk factor for IPV, however it is not a sole predictor. A variety of psychopathologies have been linked to insecure attachment, including borderline and antisocial personality disorders, which are also associated with the perpetration of IPV (Goldenson et al., 2009). Female perpetrators of IPV have been found to have clinically significant elevated levels of borderline, antisocial, and narcissistic personality traits (Goldenson et al., 2007). Psychopathy in women has also been associated to IPV perpetration (Okano, Langille, & Walsh, 2016).

Alcohol use has been reported to be among the most prominent risk factors for violent relationships, with the perpetration of violence greater on days when men and women have consumed alcohol, and with each additional drink consumed the likelihood of IPV perpetration increases (Okano et al, 2016). Substance use has also been described a risk factor for IPV perpetration (Low et al., 2016). However the direction of causality is not always clear as alcohol abuse, substance abuse, and IPV frequently occur together, therefore Low et al. (2016) highlight that such addictions can both increase the likelihood of IPV perpetration, and be used as a way to escape from violent and abusive experiences.

A growing body of research has also begun to highlight the relevance of the experience of trauma and potential PTSD. A number of studies have found that women who perpetrate IPV have been victims themselves of violence in their family of origin and/or in their intimate relationships (Stuart et al., 2006; Hellmuth, 2013; Weiss, Duke, & Sullivan, 2014). Trauma symptoms can include anger, intrusive experiences, dissociation, and difficulty regulating affect (Goldenson et al, 2009).

## **2.5 Attachment Trauma and the Inhibited Reflective Function**

Building on attachment theory, Fonagy (2004) suggests the development of violence may be rooted in attachment trauma. Intimately connected with the attachment system is the development of the reflective function (Fonagy & Target, 1997). Reflective function, also known as mentalisation, is the capacity to understand and envision other's subjective states and mental processes, as well as one's own, and is acquired through a secure attachment between caregiver and infant (Fonagy et al., 1991). The caregiver's ability to 'mirror' (Winnicott, 1978) and give shape, meaning, and representation to the infant's affective state provides the infant with the feeling of being seen and recognised, and eventually enables the infant to develop the resources to reflect on and manage his own feelings, gaining a sense of his own mind as well as the mind of others (Fonagy, Moran, & Target, 1993).

However when the attachment system is disrupted through maltreatment and trauma, the child's opportunity to develop the capacity to mentalise is severely compromised (Fonagy et al., 1991). It is this inhibited capacity that Fonagy (2004) suggests is linked to the development of violence. Some individuals may never have been provided with the opportunity to learn about mental states, if they experienced disrupted attachments in childhood. Others, traumatised by early family environment, may have chosen to withdraw from the mental states of others having been exposed to the hostility of the intentional stance of an abusive caregiver. Further, aggression may have served to maintain the integrity of the child's fragile self-representation when they felt threatened (Fonagy, 1999). Subsequently, these individuals may struggle to name feelings or put them into words, and they may not be able to process and make sense of emotional



experiences, leaving them feeling overwhelmed and vulnerable. Physical experiences might therefore become more important to these individuals, showing how they feel rather than talking about emotions.

From this perspective, violence towards partners might be understood as a way to communicate feelings when individuals don't have the emotional apparatus to enable them to identify, process, and talk about their experiences (Bateman & Fonagy, 2004). Equally, IPV might be understood as the individual attempting to rid the self of overwhelming, unknowable mental states that threaten the sense of self (Fonagy et al., 1993; Fonagy, 1999). Furthermore, having never been able to establish a sense of others as psychological entities, traumatised individuals may fail to recognise the psychological consequences of their actions upon their partners, and struggle to hold them in mind and demonstrate empathy towards them (Bateman & Fonagy, 2004). They may also find it difficult to understand their partners' behaviours, and may be unable to flexibly adapt and respond in interpersonal situations, as they don't have sets of self-other representations to draw from, which might contribute to violent behaviour (Fonagy & Target, 1997).

The perspective that IPV is possibly rooted in childhood maltreatment and attachment trauma has gained support from many researchers (e.g. Lothstein, 2015; Dutton, 2006; Seigel, 2013; Herman, 2015; Motz, 2014; Gilligan, 1999), with De Zulueta (2006) noting, "one of the most important outcomes of these studies on attachment behaviour is the emerging link between psychological trauma, through loss, rejection, and deprivation, and destructive or violent behaviour" (p.91). This perspective is also consistent with the body of literature demonstrating the impact of trauma and neglect on the developing brain, and possible relationships between abnormal brain neurocircuitry and violence (Schore, 2000; Seigel, 2013; Raine, 2013).

### **2.5.1 Understanding IPV from the perspective of the brain**

The advances in neurobiology in recent years have demonstrated how fundamental aspects of personality and ways of relating are 'wired in' to the brain during a critical growth period in the infant's first few years of life (Schore, 2009). In particular, research has shown that attachment experiences are critical in providing the nutrients to shape the early organisation of the right brain, which is involved in the processing of

emotion, modulation of stress, and regulation of bodily and affective states. This has stimulated researchers to conclude that the outcomes of early attachment relationships are vital for beyond the provision of a fundamental sense of self or security (Fonagy & Target, 2005), with some researchers even suggesting that classic attachment theory is essentially an affect regulation theory (Schorer, 2000). Siegel (2013) has highlighted the relevance of this literature to a subgroup of IPV perpetrators, given the abusive and traumatic histories that victims and perpetrators of IPV commonly present with, and has suggested that emotional dysregulation may contribute to the escalation of impulsive aggression and violence in intimate relationships.

### **2.5.2 The impact of trauma on the developing brain**

A relatively recent discovery is that the brain has an enduring capacity for plasticity, which means that the maturation of the right brain is experience-dependant (Lee, 2015). During early critical periods in the first few years of life, studies have shown that the brain automatically creates neural pathways and connections that mirror the infant's attachment experience. When a neural pathway is re-activated, it becomes 'burnt in' as a permanent circuit and continues to be strengthened by repeated use; the neurons "that make a match with their environment thrive, the others wither" (Bownds, 1999, p.124). Thus the production and pruning of synapses in a use-dependent manner enables the infant to flexibly adapt to the circumstances surrounding him. Schorer (2000) has proposed that the development of efficient right brain regulatory functions are reliant upon secure attachment experiences, where face-to-face interactions of affect synchrony are experienced between an infant and a psycho-biologically attuned sensitive caregiver who is able to appraise and regulate the infant's affective states. These transactions are then imprinted into the infant's implicit-procedural memory as enduring working models, which encode coping strategies of affect regulation (Schorer, 2009). This capacity plays a crucial role in managing and preserving relationships.

However if these transactions are non-existent in the infant-caregiver dyad, and the infant is exposed to family violence or experiences maltreatment - as victims and perpetrators of IPV often have - in the absence of family security, the brain will develop alternative neural pathways to enable the infant to survive in a world that based on experience, appears malevolent and stress-filled. The brain's capacity for neuroplasticity means that the more frequently certain circuits are activated by

witnessing violence or experiencing maltreatment, then the more firmly programmed become the autonomic responses to stress and fear, and the more easily activated are the parasympathetic and sympathetic nervous systems (Balburnie, 2001). This can result in a life-long, chronic, exaggerated threat response, where individuals are hypervigilant and constantly feel anxious and irritable. Herman (2015) has described the irritability and explosively aggressive behaviour of individuals who have previously experienced trauma, as “disorganised fragments of a shattered fight or flight response to overwhelming danger” (p.36). Further, problems can arise when the world in which the brain was modified to survive in during infancy, is different to the world it finds itself in during later stages of life. For example, if the brain was primed to respond to a threatening and hostile environment, the grown-up individual is more likely to interpret their partner’s facial expression or behaviour as threatening and hostile, even when it is not (Schoore & Schoore, 2008), which may be a pathway to IPV.

### **2.5.3 Emotional dysregulation**

Equally, these psychobiological alterations that result from traumatic attachment experiences in infancy, negatively effect the structural systems in the right brain that regulate affect (Schoore, 2001). Schoore (2003) has explained that individuals with right brain impairment have a compromised ability to identify, experience, respond to, and reflect upon affect changes. Further, Dimaggio et al. (2009) suggest that these individuals may struggle to monitor affect arousal and may lose their ability to manage aggressive urges when arousal is heightened. This can result in a high state of overwhelming affect, which individuals are unable to tolerate or manage, and often leads to panic, violent outbursts or dissociative withdrawal as a mechanism of escape. Van der Kolk (2016) has added that in an attempt to manage unbearable emotional states, these individuals are at high risk to experiment with drugs, alcohol, binge-eating and self-harm to find relief.

Research exclusively connecting these new advances in neuroscience to IPV is still in its infancy. However other research has found emotional dysregulation to be a mediating factor in the relationship between childhood trauma and maltreatment, and IPV perpetration (Iverson et al., 2014; McNulty & Hellmuth, 2008; Gratz et al., 2009; Watkins, Schumacher, & Coffey, 2016), and also that IPV varies according to self-regulatory abilities (Finkel et al., 2009). Siegel (2013) highlights the importance of

neuroimaging studies that suggest cognitive processes, such as rumination and splitting, increase arousal, which is likely to exacerbate emotional dysregulation, further increasing the likelihood of violent behaviour.

#### 2.5.3.1 Rumination

Rumination has been described as the tendency to think continuously and passively about negative interpersonal events and what these might mean for the self. Typically, rumination is repetitive, difficult to dis-engage from and unproductive, despite occupying significant mental capacity (Senkans et al., 2016). It has been well documented that rumination plays a key role in the manifestation and maintenance of PTSD (Hu et al., 2013), as well as being linked to aggressive behaviour (Sukhodolsky, Golub, & Cromwell, 2001; Siedecka et al., 2015). It is therefore unsurprising that IPV is associated with an increased level of rumination (Sotelo & Babcock, 2013). Michael et al. (2007) have explained that negative feelings such as anger, experienced while ruminating, are likely to trigger further intrusive memories that further fuel rumination and maintain emotional dysregulation. Rumination has also been conceived as an avoidance strategy, suggesting that individuals focus on the verbal aspects of their traumatic relational experiences, rather than processing the underlying emotions, which ultimately keeps them stuck in this cyclical process (Michael et al., 2007).

#### 2.5.3.2 Splitting

The mechanism of splitting, a characteristic found in both victims and perpetrators of IPV (Siegel & Forero, 2012) has also been shown to exacerbate emotional dysregulation. Splitting has long been described as a primitive defence mechanism in psychoanalytic theory (e.g. Klein, 1946), used to protect the self from overwhelming anxiety that is stimulated from unbearable emotional experiences. It is thought that splitting allows these experiences to be split off from awareness. However this mechanism has a profound effect on cognition, leading to extreme distortions in perceptions and fragmentation of experiences, for example, people and events are perceived as 'all bad' or 'all good'. Aspects that might contradict these perceptions remain outside of the individual's awareness, demonstrating that denial also works alongside splitting. Neuroimaging studies have found that in episodes of splitting, similar emotional memories are revived and flood the emotional intensity of the current experience, further strengthening the cognitive appraisal and further exacerbating the

emotional distress and complicating the distinction between past and present (Suvak & Barrett, 2011).

#### **2.5.4 Projection of traumatic experiences**

De Zulueta (2006) notes that defence mechanisms are of great relevance to the study of violence. One example might be projection, commonly used by individuals with a history of childhood trauma whereby they project into others unbearable feelings associated with past painful experiences that cannot be tolerated (Motz, 2014). In intimate relationships, individuals may attempt to create a state of invulnerability by subjecting their partners to the same abusive experience, so that the partner becomes a container for their evacuated unwanted feelings. This is closely linked to Freud's (1936) concept of 'identification with the aggressor', which suggests that individuals attempt to manage unbearable feelings by taking the role of the original aggressor, thereby disowning vulnerability, helplessness, and humiliation.

Motz (2014) suggests that in these cases of IPV, violence may serve as a replacement for thinking, whereby intolerable feelings are enacted in a frenzied, mindless, and violent manner, rather than reflected upon. During moments of violence, individuals may experience a sense of blanking out, and a 'red mist' that is so overwhelming and intense, that it stops the capacity to think. Motz explains that during these moments, awareness does not reach the individuals, and afterwards they can feel horrified by the damage they have caused and their potential for further violence. Desmarais et al. (2012) have shown that both male and female perpetrators of IPV experience this.

#### **2.5.5 Dissociative states**

The process described by Motz above appears to involve an element of dissociation, which has been linked to the perpetration of IPV in a number of studies (Finlay et al., 2010; Simoneti, Scott, & Murphy, 2000; Webermann et al., 2014). Dissociation has typically been conceptualised as a defensive strategy, used by individuals during a traumatic event to enable them to cope in moments of intense emotional distress (Daisy & Hien, 2014; Herman, 2015; Dorahy et al, 2013). Numbed emotions, not allowing themselves to think, and reports of feeling as though the event is not really happening, or of watching the event from outside of the body, are all prominent features of dissociation (Becker-Blease & Freyd, 2007). Although it may have once been adaptive,

dissociation prevents the integration and processing of emotional experiences, which can leave the individual with a fragmented sense of self (Van der Kolk, 2015), which can significantly impact intimate relationships. As previously discussed, traumatised individuals are more likely to be hypervigilant to non-threatening events and may be at risk of misinterpreting social transactions and experiencing distrust. They therefore may struggle to remain emotionally present if an aspect of their partner's behaviour, perhaps a look or arriving home late, revives past traumatic memories and evokes painful feelings. Daisy & Hien (2014) have further added that individuals who have difficulty integrating emotions, coupled with the rage that is often felt by those who have experienced relational trauma, may become aggressive and violent towards their partner. When dissociative states are experienced during perpetration of violence against the partner (Simoneti et al., 2000; Moskowitz, 2004), in addition to Motz's (2014) perspective above, some researchers have suggested that dissociation may result from the individual being traumatised by their own violent behaviour, and so dissociate during it (Moskowitz, 2004). In doing so, this enables them to maintain minimal empathy for the victim (Webermann et al., 2014).

Traumatised individuals have been found to go through episodes where they disengage entirely from social relationships, as a way to avoid overwhelming interpersonal emotional experiences that are associated with past trauma (Van der Kolk, 2015). Common feelings of distrust, shame, and inferiority, along with aggressive outbursts, further foster withdrawal from close relationships (Herman, 2015). Although disengaging may afford the individual a sense of safety, social withdrawal has been associated with greater psychological difficulties, including increased levels of low self-esteem and depression (Griffing et al., 2006). Paradoxically, past traumatic experiences also intensify the individual's need for protective attachments, which can result in some individuals oscillating between social isolation and intense anxious relationships (Herman, 2015).

#### **2.5.6 Repeated abusive relationships**

Research has found that many women who are violent and abusive towards their partners have been in multiple abusive intimate relationships (Seamans et al., 2007; Miller, 2001; Dasgupta, 1999). This has been understood in the context of early maltreatment and trauma; Freud's (1936) notion of the repetition compulsion suggests

that individuals attempt to overcome and assimilate earlier traumatic events by re-enacting these experiences with partners, thereby gaining a sense of control (Motz, 2014). Wellton (2012) suggests that ‘malignant bonding’ can develop out of these situations, starting with malignant attachments in infancy and childhood and leading to a repeated pattern of the same type of abusive relationships later in life; individuals are compelled to seek out and repeat familiar situations and patterns – in what Motz (2014) describes as an “unthinking search” (p.45) – regardless of how damaging or destructive these might have been, because they feel ‘normal’ to the individual (Freud, 1936; Wellton, 2012). This demonstrates one way in which violence is transmitted intergenerationally.

When involved in intimate relationships, individuals’ existing representations of others resurface to influence new relational contexts, which means they are likely to respond to interpersonal transactions in ways that are congruent with their past experiences (De Zulueta, 2006; Clulow, 2001). In the context of IPV, Motz (2014) has suggested that a partner might not just be ‘like’ a past significant other, but they can often ‘become’ a past significant other in the individual’s mind, akin to the psychoanalytic concept of transference. De Zulueta (2006) therefore suggests an important question to consider is, who is the partner in the eyes of the perpetrator in that moment when they are violent or abusive towards them?

## **2.6 Therapeutic Services for Female Perpetrators of IPV**

At the present time in the UK, feminist perspectives continue to influence clinical intervention programmes for IPV, including those for female perpetrators. The most prominent treatment model, the Duluth approach (Pence & Paymar, 1993), stresses the importance of male patriarchy and focuses on re-education, incorporating issues such as anger management, relational skills, and developing more adaptive attitudes towards violence (Walker, 2013). However, in keeping with the literature which points to a complex interplay of multiple understandings of IPV, this approach has been found to be ineffective, as well as being criticised for being inappropriate for female perpetrators

(Goldenson et al., 2009). Empirically supported IPV perpetrator treatment for women is yet to be developed (Walker, 2013).

Goldenson et al. (2009) have proposed that individualised treatment tailored to each woman's unique presentation would be most effective, which may involve practitioners seeking good practice from clinical interventions that are not specifically designed for IPV (Dixon, Archer, & Graham-Kevan, 2012). They point to current literature on attachment-related issues, trauma, and personality disorders in being able to inform treatment interventions. However the lack of empirical information available about female perpetrators and appropriate clinical interventions highlights a need to refine understanding of the needs and characteristics of this complex population.

Research suggests that victims and perpetrators of IPV may receive a general inadequate response from mental health services (Trevillion et al., 2012; Bradbury-Jones & Broadhurst 2015). For example, mental health clinicians have reported lacking certainty about how to ask about IPV, and lack knowledge or training (Valpied & Hegarty, 2015; Taylor et al., 2013; Nyame et al., 2013). It has been well-documented that men and women are reluctant to disclose their experiences of IPV (e.g. Feder et al., 2009), and Bradbury-Jones et al. (2014) have highlighted that this dual relationship of non-disclosure and non-enquiry maintains a silence around the topic, as well as leaving men, women, and children at risk of violence and abuse.

### **2.6.1 Professional and public responses: Female violence is “different”**

Health professionals may not identify women who are violent towards their partners, due to perceiving their behaviour as less serious than male perpetrators (Follingstad, deHart, & Green, 2004). For example, a sample of psychologists rated identical acts of psychological abuse as more severe if perpetrated by a male as opposed to a female (Follingstad et al., 2004). Further, if the psychologists did perceive a woman's behaviour to be 'abusive', they did not think it was as bad, problematic, or pathological as the man's same behaviour. This gender disparity is apparent throughout research that investigates individuals' perceptions of female perpetrators of IPV, including perceptions of police officers and the CJS, where research has found women to typically receive more lenient treatment than men for IPV perpetration (Brown, 2004; Newby, 2011). The public also tend to perceive female-perpetrated IPV as less serious and less



severe (Sylaska & Walters, 2014); women are perceived as less responsible for their violent behaviour, and as instilling less fear in their male partners (Hamby & Jackson, 2010). Further, male victims are seen as more responsible or blameworthy for IPV than female victims (McCarrick et al., 2016; Terrance et al., 2011). This demonstrates that mental health professionals, CJS officers, and the public remain susceptible to gender biases. The evidence clearly demonstrates just how pervasive the gender paradigm remains and how it has dichotomised the issue of IPV in an unhelpful way, indicating the need for further research and promoting awareness about the myriad and fluidity of IPV configurations.

## **2.7 The Current Project: Relevance to Counselling Psychology and Aims of Research**

Although research has begun to explore female-perpetrated IPV and recognises it to be a complex, multifaceted, and dynamic phenomenon, there remains a paucity of literature on how to understand it and what type of clinical interventions are most helpful for women within this population. Over the last forty years, the gender paradigm, along with traditional gender stereotypes, have largely influenced how professionals and the wider society, view and respond to IPV (Dixon et al., 2012; McCarrick, 2015). This has resulted in limited and inadequate therapeutic services in the UK for women who are violent towards their partners (Goldenson et al., 2009). Further, if women do access therapeutic help, they are at risk of receiving compromised support (Follingstad et al., 2004).

Further research is therefore needed to promote awareness of female IPV and to challenge gender stereotypes. Research suggests that understanding female IPV from the woman's subjective world may contribute to the development of more effective treatment (Eatough, Smith, & Shaw, 2008). However, much of the literature on the topic has adopted a quantitative approach (Fiebert, 2010), imposing political agendas or preconceived assumptions about men and women, victims and perpetrators, which has proven unhelpful. What appears missing from the literature are women's own narratives about their experiences of being violent and abusive in their relationships. This

qualitative study therefore aims to give women from this population a voice, so that in turn professionals can gain insight into their experiences, which will enable them to provide more effective treatments. Historically, Counselling Psychology has responded inadequately to the problem of IPV (Bell & Goodman, 2006), however it is well placed to work with this population given its relational focus, its emphasis on working with and empowering oppressed groups in society, and its concern about individuals' rights to a fair allocation of resources (Cutts, 2013).

Therefore, this study aims:

1. To learn more about women's subjective and phenomenological experience of their violent and abusive behaviour towards their partners
2. To consider implications for treatment and make recommendations for practice
3. To stimulate counselling psychologists to think about female violence and to reflect upon their own personal assumptions, thoughts and feelings about women who are violent in intimate relationships

### **2.7.1 Research questions**

To address the study's aims and in keeping with a qualitative approach, three pertinent research questions will be addressed:

1. How do women experience their anger and violent behaviour in their intimate relationships?
2. How do women make sense of their violent and abusive behaviour in their intimate relationships?
3. What have been their experiences of accessing help and support?

## **CHAPTER 3**

### **METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the research paradigm that has guided the project in order to appropriately answer the research questions set out in Chapter 2. In the following sections, the underlying philosophical assumptions will be explicated, along with the rationale for the appropriateness of the selected methods of data collection and analysis. The role of reflexivity in relation to the research will also be discussed, alongside ethical considerations.

#### **3.2 Initial Assumptions**

When conducting qualitative research it is important to reflect upon assumptions that may influence and shape the research. Whilst my understanding of female IPV has continued to evolve throughout the study, my initial assumptions that existed in relation to conceptualising the research were as follows:

- i) That women, like men, could be violent and abusive in intimate relationships, and that this behaviour was not restricted to acts of self-defence
- ii) That emotional and psychological abuse would be more common, but violent behaviour could also co-exist
- iii) That IPV could be a mutual, fluid dynamic within couples
- iv) That many domestic violence agencies may label and treat women who have been abusive and violent towards their partners as ‘victims’

#### **3.3 The Research Paradigm**

##### **3.3.1 A qualitative approach**

I naturally gravitated towards qualitative methodology due to its ability to explore and illustrate complex and multifaceted aspects of human experience, which is particularly relevant to both Counselling Psychology and the gap in the literature regarding IPV. Quantitative methodologies have generated only broad knowledge about female IPV, lacking the richness of qualitative research and leaving it poorly understood. Qualitative research therefore has the potential to bring new knowledge to the fore, providing the opportunity to give individuals, like the female participants in the study, a voice, who have otherwise been oppressed, marginalised, or silenced (Morrow, 2007). Qualitative approaches are therefore particularly well suited to address Counselling Psychology's social justice agenda.

### **3.3.2 Epistemology**

Epistemology is concerned with the nature of knowledge and the approach of knowledge generation. Willig (2013) has described three epistemological positions that broadly underpin qualitative research. At one end of the continuum, a realist epistemological stance subscribes to the view that one true reality exists, that is independent from those that observe it. Further, it assumes that researchers can capture, identify, and measure reality without bias. Realist aspirations to knowledge generation range from naïve realism, which posits an uncomplicated and direct relationship between what the researcher sees and what is really going on, to critical realism, which acknowledges that data may not provide direct access to reality and further interpretation is required to understand underlying structures. Traditionally, this stance has underpinned research conducted with positivist paradigms and quantitative methodologies. However, more recently, psychology research has begun to move away from traditional quantitative methodologies, favouring instead qualitative methodologies that are more conducive to generating knowledge about subjective experiences. The detailed and in-depth knowledge of an individual's experience that can be produced by qualitative research is particularly congruent with Counselling Psychology.

At the other end of the epistemology continuum, a relativist stance such as a social constructionist approach entails the belief that there is no such thing as a 'pure' experience. Rather, it posits that individuals construct different versions of experiences through the use of language. Social constructionist approaches to knowledge generation

range from radical to moderate versions. In contrast to a realist stance, a social constructionist approach tends to assume that researchers are central to the construction of knowledge (Hansen, 2004).

A range of epistemological positions sit in-between the realist and relativist endpoints of the continuum. The third perspective that Willig highlights, the phenomenological approach, is one of these. Researchers from this perspective subscribe to the view that multiple realities exist. Experience is assumed to be the product of interpretation and is therefore flexible, rather than fixed - it might appear to be the same event, but it can be experienced in different ways. Nevertheless, the experience remains very much 'real' to the individual. Phenomenological researchers ask what the world is like for the particular participant (Smith et al., 2009).

### **3.3.3 A phenomenological hermeneutic stance**

The research questions posed in Chapter 2 seek to capture the idiographic subjective experiences of women who are abusive and violent in their intimate relationships, which leans towards adopting a phenomenological orientation. At the core of phenomenology, is an interest in generating knowledge about the experience of being human, and within this there are a range of perspectives that differ in emphases and interests. One of the leading phenomenological philosophers, Husserl, spoke about 'going back to the things themselves', rather than fitting phenomena into pre-existing and pre-defined categories. This feels particularly pertinent to the current project, given the literature proposing 'batterer typologies', that lack flexibility and oversimplify a phenomenon that is complex. Husserl suggested that in order to uncover the essence of experience, the researcher must 'bracket' their fore-understanding. Heidegger (1962) questioned the possibility of bracketing, arguing that individuals are 'thrown into' a pre-existing world of objects, relationships, and language which they cannot meaningfully detach from.

Heidegger (1962) instead articulated a case for connecting phenomenology with hermeneutics, proposing that the researcher brings prior experiences, assumptions, and preconceptions to the encounter, inevitably using them to understand both the latent and manifest meanings of the phenomenon as it emerges. However, in doing so, he emphasised the importance for the researcher to prioritise the new phenomenon, so whilst fore-understanding may precede encounters with new phenomena, the researcher

makes sense of their fore-understanding in terms of the phenomena. Heidegger's contribution highlights the importance of reflexivity within qualitative research, and compliments Counselling Psychology's ethos of reflective practice.

Further to Heidegger's perspective, Gadamer (2004) argued that it is not simply impossible for the researcher to dismiss their fore-understanding, but desirable to put it into a dialogue with those of the participants when interpreting their accounts. He highlighted the cyclical process of understanding - from the whole to the part, and back to the whole – whereby the researcher constantly breaks apart their understanding, compares it to another view or new experience, and then puts it back together to produce a new understanding. Gadamer emphasised the importance of this circular movement because “nothing that needs interpretation can be understood at once” (2004, p.192). This appears particularly relevant to the current study, given the historical context of methodological issues in IPV research. Indeed, it may be argued that knowledge generated by researchers from within the gender paradigm may have allowed pre-existing assumptions to influence the way they have collected and analysed data, to the extent that it has hindered the process of allowing participants' own voices to come through. The current study therefore embraces the importance of researcher reflexivity, and its role in the interpretation of participants' accounts, and adopts this hermeneutic version of phenomenology.

### **3.3.4 Interpretative phenomenological analysis**

Semi-structured interviews are well suited for an in-depth and personal discussion, allowing rapport to be built and providing participants the opportunity to think, speak, and be heard. Interpretative Phenomenological Analysis (IPA; Smith, 2004) is compatible with this method of data collection, as well as being best suited to extract from the data the answers to the research questions.

IPA seeks to generate knowledge about the quality and texture of experience by stepping inside the participant's shoes and looking at the world through their eyes, as well as stepping outside of their experiential world to be able to reflect upon and understand its wider meaning within a social, culture, and theoretical context. Its aim is to capture the subjective experience of the participant, making it highly relevant to

Counselling Psychology as it is the client's subjective account that therapists encounter in clinical work.

IPA therefore operates within the phenomenological approach, drawing on the core ideas discussed above. It is particularly influenced by hermeneutic phenomenology, concurring with Heidegger and Gadamer that phenomenological inquiry always involves interpretation, and posits that during analysis researchers work with and use their fore-understanding to gain advanced understanding of the phenomenon, whilst at the same time conducting it in a way which as far as possible enables the experience to be expressed in its own terms (Smith, Flowers, & Larkin, 2009). IPA attempts to achieve this by applying the hermeneutic circle, as described by Gadamer above, to the research process. Smith & Osbourne (2003) highlight that IPA operates a 'double hermeneutic', whereby the researcher attempts to make sense of the participant, who is trying to make sense of their experience. Furthermore, IPA involves another double hermeneutic in the way that it combines two interpretative positions; a hermeneutics of empathy, with a hermeneutics of questioning (Smith et al., 2009). Smith stresses that the latter is not the same as Ricoeur's (1970) hermeneutics of suspicion.

In contrast to much of the IPV literature, which has typically made claims at the group level and established general assumptions about IPV, IPA is committed to idiography. This means that the research questions can be engaged with at an idiographic level, understanding how particular experiential phenomena are understood from the perspective of particular individuals, in a particular context (Larkin et al., 2006). This maintains sensitivity to each participant's unique experience, and therefore empowers individuals whose voices are seldom heard and is highly pertinent to the women whom this study is focused upon.

### **3.4 Participants**

#### **3.4.1 Recruitment**

I had anticipated that recruitment might prove problematic, given the stigma associated with female violence and that services for this population are limited in number, so I

attempted to keep my search as wide as possible. To obtain a homogenous sample necessary for IPA, I approached organisations in the domestic violence sector, as well as services where women might present with problems of violence and abuse in intimate relationships. In total, 42 nationwide services were contacted, asking for help in advertising and recruiting participants. In addition, study information was posted on two UK online forums dedicated to individuals experiencing IPV, as well as being advertised at a university (Appendix 2).

Out of the 42 services contacted, five organisations agreed to advertise the study and/or identify potential participants, however four of these were not successful in attracting a sample. Seven other organisations explained they did not have the resources to be able to help, three of which labelled the women as ‘victims, not perpetrators’. The remainder 30 organisations did not respond to my enquiries.

Potential participants were provided with an invitation letter and consent form (Appendices 3&4). After acknowledging interest, face-to-face interviews were arranged for a later date.

### **3.4.2 Selection criteria**

Inclusion criteria were women aged over 18 years old who self-identified as being abusive or violent in the past within heterosexual relationships. The criteria remained broad so as not to restrict potential findings in this relatively under-researched field.

### **3.4.3 Sample**

Eight participants were initially recruited for the study. Six were recruited from an anger management group, one via an online forum, and one from a university. During data analysis, it was decided one participant was to be removed from the sample because she had not spoken about her experiences of being violent and abusive during the interview; instead focusing entirely on the abuse she had endured from others. This left seven participants, in line with the sample size recommended by Smith et al. (2009) for professional doctoral research projects. Participant characteristics are presented in Table 1.



Table 1. Participant details

Pseudonym	Age	Time since last abusive relationship (years)	Children	Therapy	Relational history
Kim	28	<12 months	2: both removed from her care during infancy and adopted	Currently 1:1, group	<u>Childhood:</u> Adopted as a young child, experienced physical and emotional abuse from adoptive parents <u>Adulthood:</u> multiple abusive relationships in which she has been both victim and perpetrator
Sarah	43	2	3: 12 year-old son living with her. No longer has a relationship with adult son and daughter	Currently 1:1, group	<u>Childhood:</u> Experienced physical, emotional, and sexual abuse from stepfather and mother <u>Adulthood:</u> 3 abusive relationships – first marriage lasted 13 years, partner abusive and violent towards her. Second marriage lasted 9.5 years, abuse and violence was reciprocal. Third relationship lasted 4 years, she was violent towards partner
Chloe	31	1	2: court-ordered to live with father	Currently group	<u>Childhood:</u> not disclosed <u>Adulthood:</u> one relationship for 13 years, Chloe was violent and abusive towards partner
Erin	32	4	1: infant living with her	No	<u>Childhood:</u> experienced abuse from father <u>Adulthood:</u> Multiple relationships, identified one as mutually abusive
Mandy	42	On-going	2: both living with her	Not currently,	<u>Childhood:</u> witnessed parental IPV

				previously group	<u>Adulthood:</u> 2 relationships – first lasted 12 years, partner psychologically abusive towards her. Second relationship remains on going; together for 9 years, abuse and violence was reciprocal but no longer present.
Lucy	49	4	2: teenage/ adult daughters	Currently group	<u>Childhood:</u> adopted as an infant <u>Adulthood:</u> 2 relationships – first marriage lasted 23 years. Partner was abusive and violent towards her throughout, abuse and violence became reciprocal towards end. Second/current relationship - Lucy has been abusive and violent towards this partner in the past
Karla	42	<12 months	5: 2 adult sons, 2 teenage daughters, 1 young son living with her	No	<u>Childhood:</u> Lived with grandparents, experienced abuse and violence from them, no relationship with mother <u>Adulthood:</u> 3 abusive relationships, first two relationships partners were abusive towards her, last relationship- abuse was reciprocal

### 3.5 Ethical Considerations

#### 3.5.1 Ethical approval

Ethical approval was sought and obtained from the University of East London School of Psychology Ethics Committee prior to data collection beginning (Appendix 5).

### **3.5.2 Ethical responsibilities of the researcher**

Participants were provided with information regarding the study approximately two to four weeks before the interview to allow time to reflect upon the research and their decision to participate. Interview locations that provided familiarity for the participants, along with safety for both, were agreed. Before interviews commenced, informed consent was obtained from each participant and information regarding confidentiality and their right to withdraw was provided and discussed. This included information about breaching confidentiality if participants reported a plan to harm their partner. Participants were also reminded that they could pause or terminate the interview at any point.

I anticipated participants might become distressed during the interview, as it would involve revisiting potentially traumatic experiences. I sought to make them feel comfortable, and adopted a sensitive and non-confrontational stance. During the interviews, when participants became distressed, I responded sensitively and invited them to consider whether they wanted to stop or take a break. The nature of the interview meant that participants largely controlled the flow, providing them with a sense of autonomy and control. Following the interviews, participants were debriefed and made aware of support available to them in the event they found the process distressing, or wanted to further address their experiences (See Appendix 7 for debrief sheet).

It felt important to also consider the impact of the interviews on myself, not just for the purpose of researcher reflexivity, but also for my own well-being. I sought support from my supervisor and personal therapist, enabling me to reflect upon my own processes. These will be further discussed in the reflexivity sections.

Pseudonyms have been used and identifying information has been changed or omitted to preserve anonymity of the participants.

## **3.6 Data Collection**

### **3.6.1 Interviews**

A semi-structured interview schedule (Appendix 6) was prepared, paying careful attention to the use of language and the phrasing of potentially sensitive questions. Questions were designed to be open, expansive and unassuming, with the aim of facilitating a discussion allowing participants to talk about their experiences in their own words, and enabling the research questions to be addressed. Careful consideration was given to terminology used, refraining from using labels, and instead using more descriptive language e.g. “Can you tell me about a time when you were in conflict with your partner...?”

Interviews were conducted in a private room at either the anger management service or university. For one participant, neither of these options were suitable so the interview was conducted in her home and necessary arrangements were made to ensure researcher safety. During the interviews, the interview schedule was employed flexibly, whilst covering all the questions, and I encouraged the participants to speak for the most part, while I listened. I often asked participants for clarification, as I understood the same word/phrase might not mean the same thing to different individuals and I wanted to give voice to otherwise taken-for-granted assumptions, e.g. *Kim: “Battered him all over me house.” AH: “When you say battered, what do you mean?”* Interviews were audio-recorded to enable them to be transcribed verbatim, and lasted between 40-50 minutes. One interview was conducted with each participant, with the exception of Sarah, who requested to speak to me again the week after her interview, while I was visiting the service to interview further participants.

### **3.6.2 Personal reflexivity**

During the recruitment phase, I experienced first-hand some of the tensions I had come across in the literature. When I received some of the responses from the organisations, communicating their perspective that women were ‘victims, not perpetrators’, I experienced being pulled into the ‘who hits whom more often’ debate which felt unhelpful and frustrating. It also seemed to reflect the current reality that services for female perpetrators are limited in number. Further, the silence from the majority of organisations appeared to me to be indicative of the extent that this was something that was not being given the attention it requires, and confirmed the value of my decision to conduct the research.

My initial observation following the interviews centred on how the women presented themselves as victims. I wondered how much of this was a reflection of how they experienced their lifeworld, and how much might be a reflection of a need to present themselves in such a way that conformed to social gender roles, particularly in the presence of a female researcher. Indeed a number of participants commented they had ‘not told me everything’. There were times I struggled to encourage the participants to elaborate on their violent behaviour, as they focused so heavily on what their partners had done to them and the abuse and violence they had endured that I felt I was being insensitive. The many subtle nuances in their accounts – some that seemed to minimise their behaviour and others that seemed to promote a divide, for example referring to ‘we’ and ‘us’ in opposition to the ‘men’ that ‘abuse women’ – were compelling, and felt to invite me to take a side. The effect of this was that I struggled on occasions to ask questions that appeared to contradict the way they presented themselves as victims. For example, when speaking with Sarah; *“How did you, erm... what did you think about your behaviour at the time? Like, when you... when you had hit him what did you think about that? Did you ha... what did you... like, what would you call it?”* I found myself being pulled into their narrative, to the extent that when I left some of the interviews, I thought, “I would’ve done the same”. Supervision helped me to step outside of their accounts and reflect upon the relational dynamic and complex processes going on between us, as well as the wider implications of this for clinical practice, which seemed to indicate a difficulty practitioners may face when working in this field, and the pull they may feel to ‘take a side’.

During the interviews, I felt the extent of the women’s rage, desperation, and pain in the room and I wondered if they needed me to share this burden, as if trying to get rid of it from themselves. However the emotional intensity later reawakened in me a memory of a time when I felt utterly desperate, vulnerable and full of rage. I explored this in therapy where I developed an awareness and understanding of my own capacity for anger/aggression. Whilst I recognised that this could potentially present an obstacle during data analysis, influencing my interpretations, I held in mind my professional stance acknowledging individuals have their own subjective experiences and I aimed to remain open during the analytic task to data that did not fit my own experiences. Reflections on the analytic task are discussed in Chapter 4.

### **3.7 Process of Data Analysis**

The analytic process in IPA is characterised by a flexible set of processes and principles, rather than a definitive framework (Smith et al., 2009). This provided me with a focus and clear steps to follow at times when I felt overwhelmed and daunted by the data, however it also allowed me to be more creative when the data required it.

I began by listening to the audio recordings of the interviews and then transcribed these verbatim. In line with the idiographic focus, I worked on the first interview in detail before moving on to the next, and the next, and so on. The first stage involved reading and re-reading the transcript to immerse myself in the participant's world. I noted my initial thoughts. I engaged with the transcript in a hermeneutic way, in that I used the whole text to help me to understand individual extracts, whilst at the same time an understanding of the individual extracts helped me to grasp the meaning of the entire text.

I then made exploratory comments on the transcript. This included descriptive notes relating to content, where I paid particular attention to the way participants' foregrounded particular experiences and repeatedly referred to particular things. I made linguistic notes, for example pauses, laughter, and tone. I then made conceptual comments, moving towards an interpretative and at times interrogative focus. This involved moving back and forth in a dialogue between my own fore-understanding and my newly emerging understanding of the participant's world, in line with the circular process Gadamer (2004) described.

Despite this engagement with the transcript, I struggled to pull together the fragmented accounts of the participants, and have reflected on this process further in the following chapter. To help with this, I typed a list (Appendix 8) of all the themes that presented as patterns within the transcript, and produced words or statements that aimed to reflect both the participant's voice, as well as my interpretation. Some of these included, 'presents self as victim', 'violence as only option', 'reliving the past', and 'powerlessness'. Against each I noted all the associated line numbers from the

transcript. I then moved the themes up and down to develop clusters of related themes, which helped me to bring together the participant's experience in my mind.

I repeated the process above for each transcript. In keeping with IPA's commitment to idiography, I focused on bracketing, as far as I could, the ideas that had emerged during the analysis of the previous transcripts, and aimed to honour the individuality of each participant's account. Following this, I looked for patterns across the cases by laying out the tables of themes for each participant and looking across them to see which were most salient. I also found it helpful to print out the transcripts, each in a different colour, and cut out extracts relevant to each theme, which I could move around spatially, enabling me to find connections and bring together the idiosyncratic accounts of the participants (Appendix 9).

In attempting to grapple with the complexities of the nuances of the participants' experiences, the analytic process took several months and continued to evolve during the writing-up phase. The process was very much a reflection of Gadamer's circular understanding (2004), where I constantly broke apart my understanding, compared it the participants' account, and then put it back together again to generate a new understanding of the participants' experiences. A master table illustrating the final themes and subthemes can be found in Appendix 10.

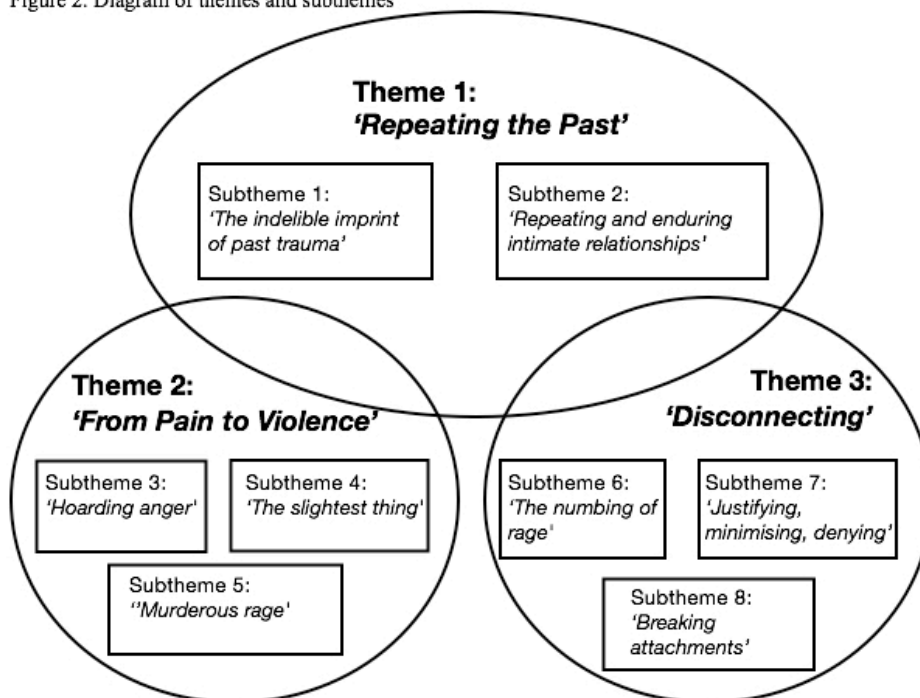
## CHAPTER 4

### DATA ANALYSIS: FINDING MEANING IN THE VOICES OF WOMEN WHO HAVE BEEN VIOLENT AND ABUSIVE IN THEIR INTIMATE RELATIONSHIPS

#### 4.1 Introduction

This chapter represents how the participants experienced and made sense of their violent and abusive behaviour, following an interpretative phenomenological analysis of the data, as outlined in the previous chapter. Past abusive and traumatic experiences were particularly foregrounded in their accounts, and the way they repeat, replay, and re-enact these is illustrated in Theme 1. Theme 2 provides a rich account of how their rage appears to be a complex manifestation of these previous traumatic experiences. Finally, Theme 3 illustrates the way participants seemed to disconnect from their experiences, and withdraw from the world. Themes and subthemes are illustrated in Figure 2. The chapter concludes with personal reflections on the analytic process.

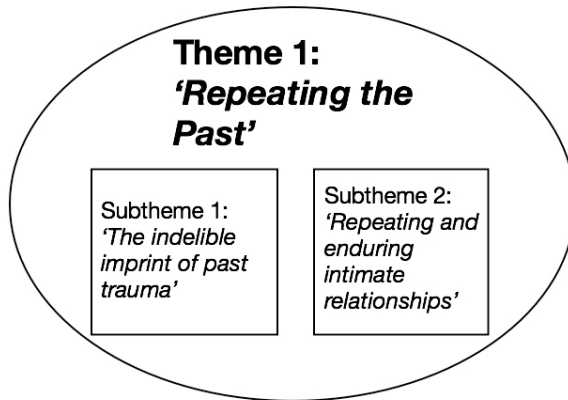
Figure 2. Diagram of themes and subthemes





## 4.2 Theme 1 - Repeating the Past: *“I don’t think I’ve ever forgotten me past. I think the partners that I’ve met, started bringing that past up with what they were doin’ ”*

Figure 3. Diagram of first theme and subthemes.



Throughout all of the participants' accounts was a heavy sense of the past. In particular, participants foregrounded experiences of past abuse and trauma endured in their family of origin and in previous intimate relationships, reiterating these experiences to the extent to which they seemed stuck in a narrative about being abused. Further, it seemed they confirmed this narrative about themselves by forming further abusive and destructive relationships.

The first subtheme, 'The indelible imprint of past trauma', reflects how participants presented themselves first as victims, before speaking about their own abusive and violent behaviours. It captures their preoccupation with past abuse suffered, as well as for some their unsuccessful desperate attempts to forget. The second subtheme, 'Repeating and enduring abusive relationships' reflects how participants expressed a sense of remaining inextricably bound to abusive intimate relationships, seeming to have created relationships congruent with earlier ones.

### 4.2.1 The indelible imprint of past trauma: *“I’ve got quite a few scars”*

During the interviews, each participant first and foremost focused on past experiences of relational trauma and abuse they had endured, before mentioning their own abusive behaviour. Mandy, for example, begins the interview by describing her ex-partner as “a womaniser” (line 10), describing him as “possessive”, “jealous”, “controlling”,

“abusive” and “violent” (lines 70-71), before discussing her own abusive behaviour. The subtheme captures how these past experiences seem to remain so impactful for the participants, and how the participants appear to primarily focus on what others have done to them, rather than what they have done to others. See this quote from Sarah:

### **Extract 1**

*14. AH: how would you describe those relationships?*

*16-27. Sarah: [Sighs] they were all quite bad actually. Me ex-husband, he was... violent, erm, he was alcoholic... Erm, so I did go through a lot of violence in that relationship for a long time (...) Erm... when I was a child, I was sexually and physically abused by me stepfather (...) So, I actually thought that were normal.*

Sarah describes enduring the violence she suffered from her ex-husband. Her voice becomes louder as she quickly discloses the abuse from her stepfather. The way she explains that a violent relationship was ‘normal’ emphasises how ordinary and familiar it was. Notice how quickly Sarah discloses the abuse from her stepfather, within the first 90 seconds of the interview. This, along with the way she projects her voice, suggests a desperate need to have these experiences heard, as well as perhaps highlighting a lack of sensitivity in the way she connects with others. As the interview unfolds, Sarah repeats this again and again, almost word for word (e.g. lines 55-56, 759-760). Her account is etched with repetitions like this, dotted about in a disjointed manner, either the same sentence again and again, or experiences where she has felt mistreated, devalued, neglected or abused, retold over and over. This was confusing, and difficult to follow, perhaps reflecting some confused or muddled thinking, which can be seen in many of the participant’s accounts and will be demonstrated throughout the chapter. Sarah’s continuous repetition of these past experiences seems to monopolise the interview, so that these experiences remain in focus, rather than her own abusive and violent behaviour towards others. In the following extracts, Sarah talks about her ex-partner. The extracts capture the repetitiveness of her narrative and the way she seems stuck in her past experiences:

### **Extract 2**

172-176. Sarah: *Everything were great... 'til the last six month (...)*  
*Erm, then I found out that he'd, erm, slept with a 14-year-old girl,*  
*which, that made me angry. Angry at him, angry at meself, because I*  
*was actually- I had looked at 'im as though I was livin' wi'... wi' me*  
*stepdad.*

301-303. Sarah: *She was the girl that he, he was having sex with when*  
*she was 14 [sniffs]. So that made me more angry cause I was livin'... I*  
*felt I was livin' with me stepfather.*

1104-1106. Sarah: *And the last six month I was with 'im, that were*  
*the worst, because I found out that he slept with a 14-year-old girl.*

The way Sarah keeps returning to this experience in the interview mirrors the way she appears to relive past trauma in subsequent intimate relationships. Her relationship with this partner seems to have reminded her of the abuse she experienced from her stepfather, to the extent that the past and present blur together. Even during the interview, years later, Sarah seems to struggle to distinguish the past from the present; “*I was livin'...*” and has to correct herself “*I felt I was livin'...*” which seems to highlight the power of this early experience, indelible and unending – when she looked at her partner, she saw her stepfather. The way Sarah repeatedly refers to this in the interview suggests she is unable to let go of the experience, as if it remains unresolved in her mind. We see a similar introduction from Lucy; focusing upon the abuse she endured from her ex-husband:

### **Extract 3**

1-14. AH: *... if you could start by telling me just a little bit about your*  
*relationship history?*

Lucy: *With my husband... well I was with him for 23 years and I'd been*  
*with him just over a year and he beat me up really badly (...) I was*  
*petrified of him and he was extremely abusive, verbally and mentally.*  
*All the time, calling me names, shouting at me, throwing things. I got*  
*the odd slaps, punches and kicks but it was the mental abuse and*

*unfaithfulness – constantly unfaithful (...) I put up with it for 23 years and then I'd had enough (...) and divorced him.*

The immediate emphasis Lucy places on this past abuse suggests how impactful this experience remains. Notice how she calls him her 'husband', giving the impression he is her current partner, but then talks about the relationship in the past tense. This seems to highlight how Lucy experiences something from her past to remain so present. Later, she refers to him in the same way:

#### **Extract 4**

*292-294. Lucy: me hus- my husband, me ex-husband used to try it on with all me friends*

It takes Lucy a few attempts to correct herself, further highlighting the extent to which she seems to experience this relationship to remain alive, and struggles to place it in the past. Like Sarah, Lucy saturates the interview revisiting the violence and abuse she suffered from her ex-husband. The way she narrates each account, re-enacting exactly what and how something was said, gives a sense that these experiences are firmly imprinted and still very much alive for Lucy:

#### **Extract 5**

*57-70. Lucy: Once I, I stayed, I went out with me sister and, he used to go out constantly and chat to women, and um it was years ago, and I went out. He was meant to be going out with us and her boyfriend and he came back really really drunk and he wasn't going and it was one of the very few and far between times I went out. And I said, 'well I'm still going', said 'we have the babysitter'. I think he went to bed and sort of slept it off and I slept down stairs with me sister and um he got up in the morning and started carrying on – 'where've you been?' And this that and the other. I said 'well, I went out for a drink'. 'What time did you get in?' So I said, 'well why?' - and I said it calmer – I said, 'why?' And he went, 'what time did you get in?' So he kept going on and swearing and I said, 'oh for goodness sake, we got in at about quarter to two in the morning'. I said 'after all the times you've been out late' and he just*

*flew and, (clapped hands together), just punches my lip and my lip just bust and it went all over the wall*

Lucy recounts an event that occurred some years ago precisely and easily, and brings it back to life. The way she does this throughout the interview suggests a tendency to keep going over and replaying past abusive experiences.

Unlike Lucy and Sarah, Kim speaks reticently about her experiences, giving curt and sometimes hostile responses. Towards the end of the interview, she offers a glimpse of her early experience with her adoptive parents:

#### **Extract 6**

*480-499. Kim: they used to hit me and me sisters, hold us up by our throats, slap us in public, slap us at home, that kind of stuff (...)*

*AH: ok and do you think your experiences with your adoptive parents, do you think they've impacted on how-*

*Kim: yeah*

*AH: -you are now, or how you were?*

*Kim: yeah*

*AH: in what way?*

*Kim: messed with me head (pause)*

*AH: and what do you mean by that?*

*Kim: just generally, fu-fucked my head up (pause)*

*AH: what, um... how did they make you feel? Or think about yourself?*

*Kim: that I was a worthless piece of shit*

Kim responds briefly, as if she doesn't want to fully think about these early experiences, because perhaps to do so would trigger difficult feelings and memories. This gives the sense that these early experiences still remain raw to Kim, and not fully processed. She mentions the worthless sense of self she developed in relation to these early attachment experiences. The provocative language she uses to describe herself implies an underlying feeling of disgust and inferiority, of having no value or purpose, and being worth less than 'a piece of shit'.

The way Kim experiences her adoptive parents to have 'messed with her head' implies she experienced them to have done something internally damaging. This experience is

echoed by several of the participants, who seem to describe something intrusive and damaging being done inside their heads. See this extract from Lucy, speaking about her ex-husband:

**Extract 7**

*102-103. Lucy: What he was doing to me in my head - he's, he's messed my head up. That's why I'm having counselling*

Lucy gives the sense she felt as though her ex-husband had gotten 'inside' her head and taken control, leaving it disordered and jumbled, and perhaps in a different state to when she entered the relationship initially. She describes now having counselling, some years after the relationship ended, as if to reorganise her mind, which highlights the extent of how much this relationship imprinted on her mind, and how uneasy it has been for Lucy to amend.

Karla too remains tormented by past abusive and violent experiences. She begins the interview by describing her 'abusive' ex-partners and the abuse she endured from them (lines 11-31). She then explains:

**Extract 8**

*79-82. Karla: You don't forget. You know, it just stays there with you. Sometimes you wake up and you're sweating, cause you're getting these nightmares and you're just remembering things*

Karla captures the indelibility of her past traumatic experiences. She describes how her memories 'stay with her', much like the scars on her body (e.g. lines 38-40), and like an inescapable aura surrounding her - forever there to remind her, to disturb her. When she mentions her nightmares, Karla implies a sense of terror and distress that she continues to experience, which she seems to need to detach herself from during the interview, using 'you' instead of 'I'.

We see a similar struggle with Sarah:

**Extract 9**

*583-589. Sarah: I do a lot of exercise at home (...) I go for a walk with me dog. [Sniffs] but it's... it's here [points to head]. It's a lot harder to*

*get rid of it from here (...) If the doctors said to me tomorrow, "Sarah, can we give you a brain transplant?" I'd say, "Yeah."*

Sarah describes the way she attempts to escape her traumatic emotional experiences, yet fails. She uses the idea of a brain transplant to emphasise the cancerous nature of what she experiences inside her head, and seems to want to permanently rid herself of its entire contents by undergoing a surgical procedure. This seems to highlight her inability to process and integrate these emotional experiences. The extract also highlights the disparity in Sarah's experience – on the one hand she wants so desperately to rid herself of these traumatic experiences, yet on the other hand she keeps them alive by repeating them over and over again, as seen earlier in the sub-theme. The paradoxical nature of wanting to escape the abuse and trauma, yet at the same time remaining bound to it, introduces the next subtheme.

#### **4.2.2 Repeating and enduring abusive relationships: *"You end up in this bad situation cause then you're like, 'come back' "***

When talking about their relationship histories, the majority of the participants (with the exception of Chloe) describe enduring abuse and violence for many years and during multiple relationships. Lucy, for example, explained that she remained in an abusive relationship for 23 years, Sarah for 13. The way they envelope themselves in a climate of abuse and violence in their adult intimate relationships seems to echo earlier relational experiences. Kim described having had several abusive partners:

##### **Extract 10**

*19-21. Kim: there was arguing (...) I was getting cheated on by 'em. (...) So they were never good for me from the start really so, I kept taking them back*

The way Kim describes she 'kept taking them back' gives a sense she would rather be in these destructive relationships, than not be in one at all. Her tendency to form abusive relationships congruent with earlier ones perhaps preserves a sense of familiarity from her childhood. She seems to know that the relationships were 'not good for her', which implies a sense of self-destructiveness, reaffirming feelings of worthlessness she described in Extract 6. Kim later describes the process of ending a relationship as

“impossible” (line 285), which seems to further communicate her inability to untie herself from abusive relationships.

Karla also describes having had ‘quite a few’ abusive partners, where the next was ‘more abusive than the first’. She describes her experience of one of these relationships:

#### **Extract 11**

*18-35. Karla: Throughout the whole entire time he was quite difficult. Like he would lock me in the house (...) he'd go missing for the whole two weeks sometimes and I'd have no food and I'm locked in the house. [Chuckles] But, you know, we survive these things (...) My son was one and I'd just had my other boy, so he was a baby. So, I used to breastfeed him most of the time, drink water, you know, get some biscuits however, beg from my window [chuckles]. Beg from window, you know, just to make sure I survive (...) He passed away eventually after six years of abuse (...) It was difficult to leave.*

The extract reflects the way Karla seems to negotiate her survival, and in doing so, highlights the complex nature of this abusive relationship. The scene she describes reflects a sense of imprisonment, emptiness, deprivation and ambivalence. She seems to want to provide for her babies, yet appears unable to provide them with a nutritious environment; she describes using a window to beg for food to enable them to survive being trapped in the house, she doesn't use it to escape with them, and instead endures the abusive situation for six years. Karla seems unable to provide her children with something nourishing; the lack of food implies that her breast milk lacked nutrients, thus she was feeding her baby something that was deficient. This is perhaps symbolic of the way she later explains having ‘grown up in abuse thus she generates abuse’ (lines 570- 571) which seems to capture her awareness of how abuse can be transmitted through generations.

Karla laughs during this extract, which seems to contradict the significance of what she is saying, and downplays her experience. This perhaps demonstrates a way of coping and a tendency to avoid difficult feelings associated. Throughout the interview, Karla describes relationships that ended only when forced to by external agencies:

#### **Extract 12**



67-69. *Karla: I was kinda separated (...) with all the incidents and abuse and everything, they had to separate him, re-housed him*

Karla's account suggests that neither she nor her partner chose to end the relationship, which emphasises the way she remains in abusive relationships, relationships that appear congruent with earlier ones.

Mandy also appears to experience being inextricably bound to her violent partner. In the following extract she describes a situation her partner went to stab her with a knife:

### **Extract 13**

*130-149. Mandy: Yeah, he's gone to stab me, he hasn't.*

*AH: Okay.*

*Mandy: But he has. Erm, lots, lots and lots of things. Just really weird. Weird, weird, weird beha- behaviour to be honest I used to think he were a bit not right in his head be honest.*

*AH: Okay. And thinking about the time when he went to stab you, could you tell me a little bit about what happened leading up to that?*

*Mandy: He said I were staring at somebody. We'd gone out one night and he says I was star- I was staring at this person. [Tuts]. Erm, gets you in the car, that's it, you know. And gets you home, smashed all the new kitchen up. Tore all the cupboards, the doors. It was madness, absolutely crazy. I say, I wanna know today why I'm still with him [chuckles] all this time (...) I think anybody would have run, you know... a million miles away*

*AH: And how did you respond to that time when he went to stab you?*

*Mandy: Kick him out, don't you, you kick them out. You know, get rid and then you end up back again. That's what I were saying, you end up in this bad situation, cause then you're like, "come back"*

Mandy's account seems to highlight the ambivalence and uncertainty she experiences within her relationship. She struggles to make sense of her partner's violent behaviour, "weird" is the only word that comes to mind, and she struggles to understand her ambivalent behaviour – kicking him out, then asking him back. She did not run for her life, as she describes others would have done. The way Mandy laughs here suggests she

felt uncomfortable acknowledging to me that she still remains in this destructive and abusive relationship. She seems to sense something is not right, describing it as a ‘bad situation’, but does not know, and cannot explain, why she has remained in the relationship for the last nine years, suggesting it is out of her conscious awareness.

Erin also explains she sensed something was not right in her relationship, and tries to explain why she stayed:

#### **Extract 14**

*521-545. Erin: I knew I was in a destructive relationship. I knew that. I could see that (...) it was like, yeah, maybe... I do, like, maybe this is... love. I don't know, sounds really crazy! Or like, this is what I desired or something, I suppose. I don't know. So, even though you're really unhappy you just carry on... (...) you're so inside a thing that you don't... (...) As soon as I managed to finally break it up, I was so angry at myself for letting it drag on so long.*

Erin's narrative is fragmented, suggesting she seems to struggle to find the words to fully elaborate. She tentatively explains that at the time she may have thought the abusive relationship was ‘love’, but quickly follows this with a comment about how ‘crazy’ that sounds, perhaps indicating a sense of shame she feels in acknowledging this to me. Erin then suggests she may have remained because she desired to be in the abusive relationship. Later in the interview, Erin talks about the similarities between her ex-partner and her father, which seems to elaborate the above extract:

#### **Extract 15**

*901-904. Erin: I'd obviously sought someone like my dad. He was a lot like my dad. And even the look that would come over his face, which was... very cold... very, very, cold... erm, it was like him.*

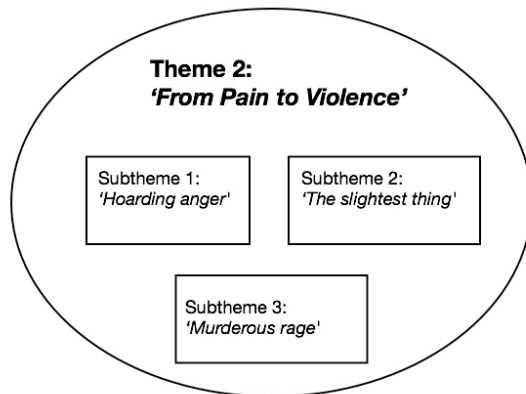
Erin identifies that she had sought a partner who was not only ‘like’ her father, but who could also ‘look’ like him. The two extracts together highlight her conflicting experience of feeling unhappy in the relationship and angry that she remained in it for so long, yet at the same time being drawn to it, perhaps in part due to familiarity which in turn may have provided her a sense of security.

#### 4.2.3 Summary of theme

This first theme demonstrates the way participants, in thinking about their own abusive and violent behaviour, foreground the abuse that they have endured, which they seem to repeat, replay, and re-enact in various ways. The theme provides a context for the remaining themes, with aspects of it woven within and throughout the other two themes.

#### 4.3 Theme 2 – From Pain to Violence: *“There was so much anger inside me, I wanted to kill him”*

Figure 4. Diagram of second theme and subthemes.



The participants' anger could be heard in their voices, it could be seen in their faces, and it was felt in the interview room. The way they reiterated their experiences of past abuse and trauma seen in the first theme, was to the extent that they seemed to have become stuck and trapped in a violent and vengeful narrative, in which they were both helpless victims of others' abuse and their own murderous rage.

This theme captures the violence of everyday life described by the participants. In their accounts, their language becomes more destructive and violent. The first sub-theme, 'Hoarding anger', reflects how participants continued to hold on to their hatred and rage towards those that have abused and mistreated them for many years, seeming to have never been able to process these feelings at the time. The way they described feeling a constant state of anger and irritability implies they experienced an endless hyper-

aroused state. The second sub-theme therefore captures the way participants seemed so readily violent and aggressive in responding to ‘The slightest thing’. The final sub-theme reflects the way the participants described their feelings and enactments of, ‘Murderous rage’, which seemed to be driven by a mixture of intentions all muddled together.

#### **4.3.1 Hoarding anger: “*I just got angrier and angrier and angrier and angrier and I’m still here*”**

Within the participants’ narratives is a reservoir of anger that for many of them seems to have been building up and building up for many years, and is the result of what was once initially experienced as inexpressible but ‘suppressed’ rage towards those who abused and mistreated them. This anger seems impenetrable, and appears to plague their subsequent relationships. It is heavily demonstrative throughout the interviews; sometimes consciously reflected upon by participants in their accounts, and at other times alive in the interview room. The following extract from Lucy crystallises the latter. Initially speaking about her current partner, she then starts referring to her ex-husband, James:

##### **Extract 16**

*206-208. Lucy: I feel like he’s lying, that’s how I feel like, but I’m going to think that because of him! [Pointed to ex-husband as if he was in the room]. Thank you James!*

Lucy’s account vividly captures how she remains psychologically absorbed in the relationship with her ex-husband, bringing feelings of mistrust from her relationship with him into her current one. The way she thanks her ex-husband appears sarcastic and bitter, suggesting her feelings towards him remain unresolved, and the way she brings him into the interview room as if he is there, emphasises his presence in Lucy’s world. Later in the interview, she tries to make sense of her ‘mood swings’:

##### **Extract 17**

*466-478. Lucy: I think some of it is suppressed anger, that’s what they said but...  
AH: suppressed anger from being in that relationship?*

*Lucy: Yeah. Keeping everything in and, you know, he had an affair - I wanted to knock the fucking shit out of him! Sorry. I wanted, that's what I wanted to do, he, he, it didn't just happen the once it happened more than that I found out, which I knew anyway I'm not an idiot.*

Lucy explains how she held inside inexpressible rage towards her ex-husband during their relationship. Perhaps to express it at the time would have increased her fear of being further mistreated, rejected, and ultimately abandoned, reawakening painful memories from her early childhood exposure to abandonment. Instead, the extract illustrates how she now experiences outbursts of the unexpressed rage. Her voice is suddenly engulfed with hate as she says “*I wanted to knock the fucking shit out of him!*”, demonstrating how quickly she becomes immersed in these memories, and continues to feel angry about the past. There seems to be a sense of shame in Lucy’s narrative, which perhaps amplifies her anger, reflected in the way she concludes “*I knew anyway...*” as if trying to regain a sense of power in a helpless situation.

Chloe also demonstrates how she continues to hold on to anger:

#### **Extract 18**

*355-386. Chloe: It's not so much him that I have the issue with now, it's his father and step-grandmother that I still feel angry towards (...)  
It's... just sometimes it just felt like they were asking the impossible (...)  
I have... had times, you know, where I felt like I've... or I kind of still do, want... want to get my own back at them in some way. Not necessarily a nice way either, but it's just how they've made me feel.*

For Chloe, her anger remains towards her ex-partner’s father and step-grandmother, who helped her ex-partner gain custody of their children the previous year. Chloe explains she felt unable to meet their high expectations, perhaps eliciting in her feelings of inadequacy that threaten her sense of self. In response to this, we see a vengeful narrative that continues to persist months later, the intention of which perhaps to restore her sense of self, but reflects how her experiences remain unresolved and unprocessed. When Sarah describes her experience of when she used to hit her ex-partner, she also seems consumed with anger towards others who have abused her:

### Extract 19

143-158. Sarah: *I was angry (...) That was my way of lettin' it out. Maybe it weren't just anger with 'im. Maybe it was because of me ex-husband as well.*

AH: *Hmm.*

Sarah: *And me stepfather.*

AH: *Uh-hm.*

Sarah: *And me mother.*

AH: *Hmm.*

Sarah: *All that.*

AH: *Yeah.*

Sarah: *You see me mother lied to me a lot as well when I were a child and that's one thing I hate: liars.*

242-247. Sarah: *So, basically I just got angrier and angrier and angrier and angrier and I'm still here. And you know, people say to you, "You should forget about it." But you ta- you take so much shit, that you don't want to take anymore [voice quivering]. And that's why you have to hit out.*

What is striking about these extracts is the endlessness and longevity of her rage. After many years, it continues to build and build, and Sarah remains paralysed in it, even as she speaks in the interview “... *I'm still here*”. The extracts reveal how she seems to carry unexpressed rage from past relational experiences and ‘lets it out’ through violence in her intimate relationship. There is a sense she needs to punish someone for the way she has been treated. In the last two lines of the second extract, Sarah demonstrates the way she sees violence as a necessity, implying she has limited responses in her repertoire and perceives it to be her only option. Other participants also talk about violence in this way, demonstrated later in the ‘Murderous Rage’ sub-theme. While Sarah remains embedded in her anger, Mandy on the other hand seems to have processed her relational experiences somewhat more, enabling her to reflect upon them without being overcome with rage:

## Extract 20

486-525. AH: *Why do you think you behaved in that way at that time?*

(...)

Mandy: *I think it all stemmed from being really, be honest, erm... when I met my eldest boy's father erm, I mean my life, I mean I'd been in trouble, I've been naughty. I've been to prison. I, I'd, I'd done a lot, but, but then I met him, obviously your first love, who just cheated on me, had more babies than enough. I left him with my little boy and I spent six years, seven years being on me own. Went to university, studied. Erm, got me self right and err... and... So, I, I think it's just not dealing with things. I think, you know, from going from one relationship and then just not actually dealing with the hurt and the anger, so I think what's happened is (...) then when I did get into another relationship, I were just taking the baggage from the last relationship really (...) I won't let anything cave me, if you know what I mean, I'm kind of a bit of a fighter, but along with that fighting, I, y- you do actually need someone to talk to or, you know... (...) what you are inside is, you're kind of hurting, you know. A lot. Err, so that comes out on others, you know. You know, you just attack people you know what I mean.*

Mandy explains that she didn't resolve the pain and anger she felt during her first relationship, and instead carried it into the next one, infusing this relationship with old feelings and memories from her past. The way she describes herself as a 'fighter', and 'not letting anything cave her' perhaps reflects her fear of vulnerability, and determination to appear strong, and may explain her avoidance of these difficult feelings. Mandy seems to continue to struggle with this in the present; notice how she starts to own her vulnerability "*I, y- you do actually need someone...*" but switches to 'you', as if to project the vulnerability onto someone else instead and distance herself from it. However in creating this distance, Mandy is then able to elaborate on her understanding of her experiences; she describes the hurt she is unable to tolerate so attempts to get rid of it by 'attacking people', thus projecting the hurt into them. The

fierceness in the way she ‘attacks’ seems to capture her desperate need to rid herself of the hurt and vulnerability.

Karla also appears to demonstrate unresolved feelings. See the following two extracts, the first she is speaking about, and then to, her partner:

#### **Extract 21**

*109-135. Karla: I don't like to see food run out. I don't like to be without (...) You can't afford to just sit down and say, "I love you." It doesn't carry you anywhere, you know? When you're saying, "I love you," and you don't really care if I eat today or you don't care how I pay my bills, or you don't care, you know, how my children get their school uniforms and stuff, then, it doesn't really balance love, does it? Cause you're not protecting, and you're not maintaining (...) And these are the things that, you know, I get into con- conflict with, like, with anyone who's dealing with me.*

Karla explains it is not enough for her partner to say “*I love you*”, there is something missing for her, she needs more from him. Notice how, in the second line - “*you can't afford...*” - she starts talking to him as if he is there in the interview room, much like Lucy does. The way she seems so embedded in this experience of not having her needs met seems to emphasise its significance to Karla. Later in her interview, she expands on this; she describes experiencing an absent mother (lines 49-51, 424-426), and living with her grandparents, who abused her (lines 555-567). The next extract follows a segment where Karla expressed that she thought her mother made negative judgements about her:

#### **Extract 22**

*161-166. Karla: especially when you're on the streets from fifteen years. How could a family member make any kind of- you're the reason why I was on the streets in the first place! You never helped me! You never housed me! You never cared! (...) You know my biggest problem is my mum.*



When talking about her mother, Karla uses the description ‘family member’, as if she doesn’t want to honour her with the role of ‘mother’. There is a sense she avoids closeness, which is also seen in the previous extract when she describes her partners with an apparent lack of intimacy: “*anyone who’s dealing with me*”. In this extract, Karla switches from talking about her mother, to talking *to* her mother, as if she is there. Her tone becomes aggressive and hostile, implying a rawness to her anger that remains so powerfully felt after many years. In trying to make sense of the way Karla experiences relationships, perhaps it feels too risky for her to fully engage in intimate relationships following her compromised relationship with her mother, hence the avoidance mentioned above. Further, it seems her issues with her partner in the previous extract reflect her deep, unmet need to feel protected, and her anger towards him for not meeting those needs seems to be fuelled by a reservoir of unresolved anger towards her mother. Karla seems to encapsulate this in the last line “... *my biggest problem is my mum*”.

#### **4.3.2 The slightest thing: “*I get angry with everyday things*”**

This subtheme captures how readily aggressive and violent the participants describe themselves as being, as if they feel angry all the time, experiencing a constant state of hyperarousal. Everyday situations seem to set them off, and ordinary interactions with partners and others around them seem to provoke intense rage. For some, there is a sense they experience everyone to be threatening. This is captured in an extract from Kim:

##### **Extract 23**

*391-410. Kim: I’ve known since I were a kid that I’ve got a-an anger problem (...) I get angry over the slightest little things (...) Could be anything. It could be someone like, I could be walking through town, and towns packed, it could be someone just budging into me. Or it could be someone just like giving me a funny look or, it could be anything*

*AH: And how would you respond to that?*

*Kim: Carry on. Start shouting at ‘em and that – ‘Watch where you’re fucking walking will ya!’ or ‘What the fuck you looking at? Do you want a fucking photo like, it’ll last you longer, then you can look at it whenever you want then!’*

Kim gives examples of the ‘slightest little things’ that trigger her aggressive behaviour, and spits out threatening and intimidating language to demonstrate how she reacts. The description she uses - “*slightest little thing*” - suggests some awareness that her aggressive reaction may be out of proportion to the event that triggered it, yet at the same time seems to highlight the extent to which she experiences and interprets her world to be hostile, threatening, and humiliating.

Sarah also explains how the ‘slightest little thing would set her off’ (lines 413-414):

#### **Extract 24**

*564-572. Sarah: I was angry. I'd get angry at anybody. I was really angry. (...) Just little things. If somebody said summit, something, could be something stupid like, I used to go into a shop and then somebody'd say at the counter [sniffs] erm, somebody said to me, 'Oh, would you like a carrier bag?' and then I turned round, I replied to her, 'Well, I'm not goin' to fucking carry it on me head, am I?!' That's how angry I was.*

The extract further captures the expansiveness of Sarah's anger. There is a sense she is unable to regulate her emotional state as she illustrates here how a seemingly innocuous question from a shop assistant seemed to provoke her, and she responds in a ridiculing and humiliating manner. Notice how she ascribes the word ‘stupid’ to encounters that trigger her angry outbursts, implying an underlying sense of shame for feeling angry about something so ‘little’. There is a sense of heaviness when she says “*I was angry*,” which seems to reflect the magnitude of her anger - so heavy it consumes her. She seems unable to hold it inside, so lets it out.

Karla also seems to experience unrelenting aggression:

#### **Extract 25**

*614-618. Karla: We were always fightin' you know, he would punch me, I would punch him back, we'd throwing stones at each other. I'm fighting people in the neighbourhood, 'coz I'm all upset because he got me upset, if he tell me good morning in the wrong way I'm ready to start.*

Karla describes non-stop fighting with her ex-partner, where it seems to only take minor interpersonal conflicts to provoke her. The way she describes herself as “*ready to start*” seems to highlight how rapidly she can prepare herself to fight, to the extent that perhaps she might be anticipating it, as if she expects everyone to be threatening and she needs to be ready to defend herself. Yet, in reacting in this way, her encounters with seemingly harmless neighbours also become contaminated by her rage. See the following extract, where Karla demonstrates how quickly and easily she becomes violent:

#### **Extract 26**

*506-520. Karla: I'll give you an instance like three years ago one man was upsetting me in a pub and I actually floored him*

*AH: When you say floored, what happened?*

*Karla: I gave him a left hook, [chuckles] and he went down on the ground (...) I don't know what happened, he just dropping drink down my back and I keep saying 'excuse me you're wetting my back.' You know, when I was sitting down and he was [chuckles] not taking me too lightly, so I got up and I spoke to him. And he just put his hand in my face. I can't remember what happened after that, I just remember he was on the floor. And I was stamping him in the face, you know I was just stamping him, stamping him*

In Karla's story, the man's intentions are unknown, however irrespective of this she seems unable to withdraw non-violently. She describes 'stamping him in the face' over and over again. Karla repeats this in her account, powerfully capturing the unrelenting nature of her violent behaviour. Notice that she initially explains he was “*just dropping drink...*”, the use of the word 'just' seems to minimise the man's actions, and highlights the extremity of her reaction.

Lucy's account provides an insight into her accelerating thoughts that surround the moments she punches her partner:

#### **Extract 27**

*172-177. Lucy: my mind races. It starts to race at 100 miles an hour. Just full of like, did he cheat on me? I know he cheated on me. Has he done this? Has he done that? Is he lying? Or ain't he lying? (...) It's just racing all the, nearly all the time. It's exhausting.*

In one breath, Lucy speaks fast and her words spiral off her tongue, seeming to demonstrate the way she experiences a constant, exhausting internal questioning regarding her partner's trustworthiness. This seems to suggest her internal world is threat focused, and that she experiences a continuous state of alertness, as if it is too risky to relax. Later in the interview we see how she seems to be easily provoked, not just by her partner, but also by others around her. She explains, "*the flip of a coin, I'll go*" (line 282):

#### **Extract 28**

*364-379. Lucy: I called him a fucking cunt (...) But it's not just him I've called it, I've called other people it. You know like, if I've had to wait for something, or something's gone wrong in the house. I'll go, 'you fucking cunt!'*

The extract captures how Lucy seems to react irritably to seemingly small provocations. She accentuates every letter when she says "*fucking cunt!*" demonstrating the intensity of the verbal abuse. She implies that she cannot tolerate waiting, and struggles to be patient, which emphasises the hyperaroused state seen in the last extract.

Chloe describes a similar prolonged increase in arousal:

#### **Extract 29**

*247-267. Chloe: I always felt like if someone was saying something to me and I wasn't happy about it, I was always shouting my mouth off (...) I wanted to feel less aggressive and be, be a lot calmer in myself and... cause obviously it had an effect on my sleep to, to the point where I was having a lot of trouble sleeping and actually went to my GP and I was actually prescribed some diazepam to help me sleep.*

Chloe speaks of a lack of tolerance to others' viewpoints, which continuously provoked her. She gives the sense she felt she was generally in an aggressive state, too alert to even sleep, and unable to regulate her emotions herself.

#### **4.3.3 Murderous rage: “I got a hammer and I was ready to kill him”**

This final sub-theme follows from the previous two sub-themes, demonstrating the way the participants' deep anger is easily triggered, escalates rapidly, and leads to extremely violent behaviour that can be hard to comprehend. The language they use is explicit, brutal, and destructive. They seem to have differing levels of awareness regarding their behaviour, and communicate a multiplicity of intentions all muddled together and difficult to dis-entangle.

For some, part of their rage seems to be driven by feeling hurt and wanting to hurt back. The following extract from Kim seems to encapsulate this:

#### **Extract 30**

*216-244. Kim: When me daughter first got took she made this um like painting at nursery and put it in a frame for me (cleared throat) and I've always had it on me wall and, (...) he went and threw it against the wall. So obviously, me daughter made me that, know what I mean? What are you smashing it up for? (...) When he done that (exhaled heavily) I laid in to him something chronic. (...)*

*AH: How did you feel when he did that?*

*Kim: Again, like I wanted to kill him.*

*AH: Can you remember how you felt inside, like the, any emotion?*

*Kim: Well yeah obviously it hurt me do you know what I mean me daughter made me that, know what I mean? Just your general stuff really. Someone starts, someone smashes something what your kids made yer, how you gonna feel? I didn't feel, any different to anyone else apart from, well, even, I suppose anyone else would feel like they wanted to kill the person, but...*

*AH: Mm and how did you respond then when he did that? What did you do?*

*Kim: Battered him. Battered him all over me house.*

*AH: And when you say battered, what do you mean?*

*Kim: I mean, by battered I split his lip, I bust his nose... threw stuff at him... kicked him, punched him...*

*AH: What did you throw-*

*Kim: (interrupts) I think I head butted him as well actually if I remember rightly*

*AH: What did you throw at him?*

*Kim: Oh I don't know, whatever were there.*

*AH: And how long did that last for?*

*Kim: About half an hour*

Kim describes the occasion her ex-partner smashed her daughter's painting, which prompted her to violently attack him. The painting therefore seems to hold some significance for Kim - perhaps preserving a sense of connection with her daughter, who was removed from her care. The painting now smashed seems to mirror, and reinforce, Kim's broken relationship with her daughter. Notice how Kim focuses on what she wanted to 'do' to him, rather than answering my question about how she felt. This might suggest she struggles to talk about feelings, instead focusing upon her behavioural response. When I rephrase the question, Kim speaks hurriedly; giving a generalised answer that implies an underlying sense of anxiety, and an avoidance to fully think about her emotional experience. Her tone becomes punitive, as if she wants to hurt me for asking questions that hurt her.

When asked how she responded to her partner, Kim states unquestionably that she "battered him", as if she had been asked an obvious question. The sense of normality and acceptability that she seems to ascribe to her violent behaviour is striking, illustrating that for Kim, a violent response would be her only response in this situation. Furthermore, the way she describes 'battering him' for thirty minutes seems to reflect her profound need to hurt him. This need to retaliate is captured throughout Kim's account, e.g. in trying to make sense of her violent behaviour, she comments: "...*Fuck you (...) You do it to me, I'm doing it back*" (line 475), as if, on feeling hurt, she wants to hurt back.

Lucy also expresses a vengeful attitude within her account:

### **Extract 31**

99-102. Lucy: *I felt like an idiot coz he never changed. I feel like if- I threatened that I'd kill him. I'd say 'I'm going to stab you when you sleep!' because I ha- I hated him.*

Lucy explains she 'felt like an idiot because he never changed', perhaps suggesting her vengeful behaviour was underpinned with feelings of shame. Lucy responds in a toughened way, tormenting him and threatening to stab and kill him. The magnitude of her threats, and the hatred in her voice as she speaks, overshadows any sense of shame, which perhaps implies that for Lucy, as well as wanting to hurt him back, her abusive behaviour in that moment reduces a sense of shame she might feel.

Lucy's vengeful attitude is captured throughout her account. In the following extract, she returns to a violent encounter with her ex-husband and daughter, Michelle:

#### **Extract 32**

405-447. Lucy: *We'd split up, and I was out with friends, before I met Martin, and Michelle had been out with him then coz she used to see him and I rang her up and said 'I'm on my way home', (...) 'Oh, your-dad's here'. I went, 'you better get him out of the house Michelle', I said 'I don't want him there when I come home'. (...) I was fuming, and I was swearing in the pub but nobody could hear, just me mates. And I went, 'I'm fucking fuming with her', I said 'she's only got him in fucking house!' I said, 'we're going back', I took my mate and her boyfriend back for drinks, I said 'he better be out the house' so I rang her again and said, 'is he out yet?' 'Oh no he's going soon'. I said, 'Michelle, I'm setting off, when I've had this drink I'm coming home', I said 'he better be out that house, or I will kick off!' So, we got home, walked in and he's there. (...) I had this big argument like with Michelle and (...) I grabbed her and I went, 'you fucking idiot, why did you let him in this house?' I said, 'I told you not to!' And I was fuming like that. And he came up to me, right up to me and went, 'don't you hit her and don't you'- I went, 'get out my face now!' said 'get out my face! If you don't get out my face', I said, 'I'll fucking kill you tonight!' I went, 'get out of my face!!' And he moved out of the way. And then I said to Michelle, I didn't talk to her. And I shut her off for the night. And then he were*

*arguing with me in the hallway, he were going 'you fucking cunt' and he were calling me stuff and I ran upstairs (...) I said 'it's our house now, get out of our house! I don't want to see ya, I don't want to talk to ya or anything, just get out of this house now or I'll call the police!' 'Call the fucking police'. I said, 'I'll call the police', I said, 'yeah you watch', and then I ran back downstairs. He were crying. And I went, 'you cry!' I said, 'all the tears I've cried', I went 'you fucking cry you bastard!' So, I, I ran back downstairs and he called me a fucking cunt again so I went, 'no I'm not!' And I were going to start crying then and I didn't. I just flipped. I went 'call me it again then'. He went, 'you fucking cunt'. I said 'really?' I said, 'call me it again' I said, 'then I'll fucking lamp you one!' So he called me it. So I jumped on him. (...) I dived on him, got his head like that and went, I were banging him right in his face. And I blacked, I think I blacked his eye. And I went, 'you fucking bastard' I went, 'now fucking get out me house!'*

This long monologue is characteristic of the way Lucy recounts her experiences during the interview; it comes out in a flood, fast-paced, and difficult to follow and decipher who is who. Her voice sounds venomous, hate-filled, and threatening as she relives the experience during the interview. The way she seems to rush home suggests a need to gain control, as if she experiences her ex-husband in her home to be threatening and intrusive, perhaps triggering memories of past abuse endured from him. However, the way she describes running around, up and down the stairs, appears chaotic and frantic, and the way she threatens and assaults both him and her daughter suggests that she has no control – she seems unable to regulate her emotional state and reflect upon the situation. She describes how she and her ex-husband engaged in a mutually abusive dynamic, where one hurts the other, who then hurts the other one back, as if battling to gain control. This is particularly encapsulated at the end, where Lucy describes nearly crying, but doesn't, and instead violently jumps on him and begins 'banging him in the face'.

Sarah also describes vengeful intentions towards her ex-partner, however what is striking in her account is the deliberate harm she plans:

### **Extract 33**



1026-1039. Sarah: *I actually got that fed up of 'im, I tell you what I did (...) He had perforated ulcers, torn stomach lining, torn gullet. And they told me if one of them ulcers burst, if we couldn't get 'im to hospital quick enough, he could die. So at that point, that's when I were angry, I was angry and I thought, well, fuck you, you know what I mean? I bought 'im more alcohol, I went to shop and bought 'im the alcohol, you know, got it for 'im, but I wanted to get it for 'im, cause I wanted 'im to die*

AH: *hmm*

Sarah: *I did, I actually wanted 'im to die of how I felt, what he were doin' to me, at that time.*

Sarah is explicit about the potential fatal consequences of her actions, highlighting the extent she wanted him to painfully suffer. The way she expresses, “*I actually wanted 'im to die of how I felt...*” implies a vengeful need to make him feel her pain. Notice that her response to her ex-partner’s abuse, is to be abusive herself; there is no sense of her considering any other way to manage this harmful situation, much like we saw in Extract 19. This is seen throughout Sarah’s narrative, see the following extracts where she describes her response to her ex-partner’s abusive behaviour towards her son:

#### **Extract 34**

391-395. Sarah: *I thought, 'Well, I'm having none of it.' (...) He used to get really upset and cry (...) I would say, 'Go upstairs and play a game or go out with your friends,' and that's when I'd hit him.*

673-674. Sarah: *the way I see it [sniffs] I was protecting me and my son and that was the only way I could protect 'im.*

Sarah speaks of how she planned to hit her partner once her son was upstairs. Again, there is no sense of her considering any other options to keep herself or her son safe, and she seems to feel as though she has no other choice, but to be violent. She justifies her response as being protective towards her son, however her violent behaviour seems to contribute to the very environment that distresses him.

Many of the participants give the sense that they behaved abusively in their relationships because they don't know any other way to 'be' in relationships - it is all they know. The following extract from Mandy encapsulates this:

**Extract 35**

*431-440. Mandy: just trying to get into an abusive situation that you just constantly... you just constantly... I can't really explain it. How can I explain it? You're kinda using that on one another, cause you don't know any other way, you know. ... And... and you just kind of... cause that's all you know, because that's always been going on, you know, and you think that's kinda the norm. You know it's not the norm, but you think that's kind of... you know, that, that, it's not, that's just a way of life, that's what's going on.*

Mandy shares her developing understanding of her violent and abusive behaviour. The pauses, repetitions, and broken fragments in her speech suggest she continues to have difficulty finding the words for her experiences and articulating her thoughts. However, what powerfully comes across in the way she talks about 'not knowing any other way', 'all you know', 'the norm', and 'a way of life', is the sense that abuse is familiar and that when it comes to intimate relationships, it is the only way she knows to relate, so seeks out abusive, familiar situations. She seems cocooned in this abusive world, as do many of the participants. This way of relating perhaps provides insight into the climate of Mandy's previous relationships, where she seems to have learned that love and intimacy are intertwined with violence and abuse.

Some participants, like Chloe, seem to understand their aggression as a way in which they can get something they need from another person. See the following extract:

**Extract 36**

*90-165. Chloe: there was times yeah, when I needed looking after, cause... when. Had both my children, there were times when I needed help with things and he would just sit playing on his game (...) and I'm say- saying, "Look, I need help with this," you know or, "Can you deal with the children while I'm do-, sorting things out?" He just wouldn't.*

*lift a finger and I felt like I was the one doing everything all the time. (...) There were times when I'd, when I'd lost my temper with him and, and I'd just kick him or, or I'd just like. punch his arm, (...) there was a lot of kicking. (...) I don't think he fully understood how difficult it was (...) he had such high expectations and... and that and I couldn't... always meet those expectations, you know (...) I mean yeah, there were times yeah when. like we might go month. go fight. for a few weeks or for a few months where things were fine. Then, then all of a sudden something would just... not work and you just... you just... lose it, you know, and you just... feel... quite angry. Erm, and you're just trying to find a way that, cause sometimes you feel like. you've, you had to do something just to get through to someone to, to realise wh- why things are going wrong. And... it wasn't that easy with him. But I just didn't feel like there was any other way around it.*

Chloe's speech is broken and edgy, with frequent abrupt halts. There is a sense of fragility to her voice and she sounds as though she might cry. At times the tone of her voice seems to communicate frustration, but unlike some of the other participants whose rage saturates the interview room, Chloe on the other hand sounds more agitated than angry. The way she describes feeling like she needed looking after emphasises her vulnerability and fragility.

Chloe explains she felt she lacked the support she needed from her ex-partner, and that their relationship wasn't entirely equal. She demonstrates how she attempted to communicate this to him, but her words seem ineffective. The way she describes kicking and punching him, is as though she is attempting with greater force to 'get through' to him, so that he understands her. For Chloe, her aggression here seems to provide her with a way to get what she needs, and she appears aware of this. Further, she experiences it as the *only* effective way; "*I just didn't feel like there was any other way around it*".

Looking closely, her account implicitly suggests that her aggression may also be driven in part by feelings of shame that are triggered when she is unable to meet her ex-partner's 'high expectations'. This perhaps intensifies feelings of inadequacy that might be experienced when she struggles 'to do everything', so her aggression here perhaps acts to diminish the intensity of the shame.

When some of the participants do not experience abuse from subsequent partners, their rage appears partly driven by a need to recreate past abusive experiences. See this extract from Lucy:

**Extract 37**

*353-377. Lucy: When he moved in it felt really weird, like, there weren't rows, coz I was used to a life of turbulent rows, and things being thrown, and swearing. I was just so used to it. (...) I called him what my ex used to call me. When I got really mad I called him a fucking cunt (...) He'll go 'don't say that word, why do you have to say that word for?' (...) so I went, 'you fucking cunt cunt cunt!' Coz he said 'don't say that word!' He went, 'don't say that word', I think he shouted it out. So I went, 'you fucking cunt cunt cunt!' Like that. And I said it just to wind him up. Purely and simply to wind him up. Horrible and disgusting word that I got called that I was, I was so distraught when I got called that. And I went and called martin it.*

*AH: And how did you feel at the time when you were saying that?*

*Lucy: It like, released anger.*

Lucy describes the initial absence of abuse in her relationship as “*weird*”, as if she can’t make sense of it, and implies that an abusive environment is more familiar to her. Notice how she goes on to describe the way she ‘called her partner what her ex used to call her’, which suggests an underlying need to create a sense of familiarity in her relationship, as abuse feels familiar and perhaps ‘normal’ to her. However in this new relationship, she reverses the roles where she appears to be the one in control; she abuses him with words he asks her not to use, “*just to wind him up*”. When Lucy says this, she accentuates every single letter, emphasising her control.

As the extract continues, Lucy recalls her own distressing experience of being called a “*fucking cunt*” by her ex-husband, and explains it ‘released her anger’ when she attacked her new partner with the same words. This might suggest that in recreating past abusive experiences, Lucy attempts to push her pain and anger into her partner, thereby ridding herself of it, and further strengthening her power over him.

Erin also describes trying to ‘wind up’ her ex-partner:

### **Extract 38**

*659-633. Erin: he would just sit there on his computer, like, when you were in the room or when you were talking he would just like, he would just stay on his computer. So, I guess I'd try and get his attention some way. Maybe, I would do it by winding him up.*

Erin's description of her partner's behaviour implies she felt he lacked interest in her; she perceived him to be more interested in his computer. His seeming indifference towards her perhaps led her to feel unimportant, which might have triggered feelings of vulnerability. The way she attempts to get his attention by "*winding him up*", suggests a need to gain some control, thereby alleviating herself of these vulnerable feelings. This seems evident at other points within her account as well:

### **Extract 39**

*434-441. Erin: ... just not trusting him at all, so he would go... he would leave to go and there would be some argument and I guess I was trying to stop him from going. And... yeah, I guess, I don't know. I think maybe I would start it, like, sort of push him a bit, and I kind of wanted him to get angry, I think, at that point. I don't know. I'm thinking of one particular time, that one particular time on the stairs, and... yeah, then I just felt so frustrated.*

Erin attempts to explain her abusive behaviour, but her narrative is tentative and unsure, highlighting her struggle to find the words and make sense of what happened. She identifies feeling 'frustrated' and a desire for her partner 'to get angry', but remains unsure, as if there is something more to it. In trying to make sense of Erin's account, earlier in the interview she explains that 'it's not good to be angry' and that anger is 'not a useful emotion' (lines 76-77), implying that for Erin, anger is an unwanted feeling. Perhaps in this extract, her desire for her partner to get angry reflects a need to push her anger and frustration into him instead. Her account also seems to reveal an underlying sense of vulnerability that might be underpinning her anger; she describes 'not trusting him' and 'trying to stop him from going' which seems to capture a fear of abandonment.

Karla offers to show her scars during the interview:

**Extract 40**

*429-590. AH: Could you tell me about a time when you have been in conflict with a partner and how you responded?*

*Karla: Responded in... a violent way or...? Oh like I said, I have fought back, d'you want me to take my top off and show you some scars? I show you a nice one. [Sound of fabric moving]. This, see this one here...?*

*AH: Yeah.*

*Karla: It's a bottle. Fightin' with my partner, dropped him on his back and I went running and he pelt a bottle and caught me straight in there (...) To be honest with you, if you're fighting with someone you, you do get violent. You pick up everythin' and anythin' to protect yourself. Like I've picked up shovels and I've picked up stones and pelt and I've kinda like picked up knives. I don't like...*

*AH: And what have you done with those?*

*Karla: I've actually tried to use them.*

*AH: Yeah.*

*Karla: Like my partner who passed away he... I, I almost stabbed him one time you know? (...) I consider myself really lucky that I haven't actually died in the process, and I haven't killed anyone in the process or haven't sat down in jail for the process, because I have fought a lot in life.*

She reveals her scar immediately, before I have chance to respond. There is a sense of pride in her voice and she seems to glorify the scar, describing it as a 'nice one'. The way she shows the scar like this, is as if she is proudly presenting a trophy for something she has won. Perhaps for Karla, her scars demonstrate that she is tough, that she has violently fought, and survived, and she wants people to know this.

During the interview she talks about her anger, but expresses no other feelings. Towards the end of the interview (lines 939-943), Karla admits she has only shared certain experiences, and there are some things she won't share because 'it breaks people down' and she 'doesn't want to start crying'. What seems to be missing from her overall

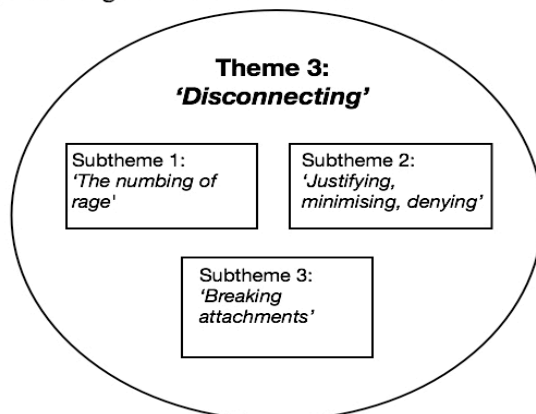
narrative is the whole of her emotional experience, which perhaps reflects a fear of feeling fragile. The way she distances herself, saying ‘it breaks *people* down’ rather than ‘it breaks *me* down’ also emphasises this. With this in mind, perhaps Karla attempts to conceal her vulnerability by appearing the seemingly opposite – invulnerable. She portrays herself as someone who has fought and survived. She expresses only her anger and rage. When she is in conflict she becomes extremely violent, using every weapon available to her.

#### 4.3.4 Summary of theme

The theme demonstrates the way the women’s earlier abusive and traumatic experiences affect their intimate relationships, and become manifested in their rage and violence. In trying to make sense of their own experiences, some of it seems to be known to the women, and some of it doesn’t, and their narratives are fragmented, confused, and muddled.

### 4.4 Theme 3 – Disconnecting: “*I wasn’t me*”

Figure 5. Diagram of third theme and subthemes.



This final theme captures the disconnection that all of the participants describe experiencing. The first sub-theme, ‘The numbing of rage’, reflects the way participants describe not thinking or feeling anything, and appear to disconnect from the self during moments of anger and violence, as if the present moment is completely obliterated by their rage. The second sub-theme, ‘Justifying, minimising, denying’ captures the

explanations that participants provide for their actions, which apparently seek to justify rather than take responsibility for their abusive and violent behaviours. The final sub-theme, 'Breaking attachments' reflects participants' fundamental struggle with intimacy and connection, and the way they describe a need to isolate themselves from others.

#### **4.4.1 The numbing of rage: *"I were just in a rage. Erm, don't feel anything. Just, just total hate... Don't, don't even think"***

When participants spoke about their experiences of their violent behaviour, they described disconnecting from their bodies, thought processes, and emotions, as if their rage seemed to have a numbing effect on their experience during those moments.

Sarah describes experiencing a disconnection:

##### **Extract 41**

*1138-1147. AH: And when you would err, hit your partners, what... what was goin' through your mind? (...)*

*Sarah: There was nothing goin' through me mind. It were like, everything just went blank and all o- and me emo- me feelings and me emotions through me body were like, you know what I mean, I just wanted to rea- I felt like killing someone at that time. That's how angry I used to get. Now I think it's not just, obviously the things Matt did, all the things that Richard did, I think it was everything*

Sarah seems to explain that her anger here is fuelled by a combination of painful relational experiences. There is a sense of desperation in the way she describes feeling like wanting to kill 'someone', anyone, as if wanting so desperately to rid herself of something terrible. The murderousness she describes implies a surge of energy and adrenaline, however at the same time she seems to experience a loss of connection with her thoughts and feelings, as if the magnitude of her anger is such that it numbs her capacity to think and feel.

Kim describes becoming dissociated and behaving violently:

##### **Extract 42**



*144-172. Kim: ...he'd follow me and start shouting abuse at me, saying I don't give a fuck about me kids and all this kind of stuff and so next-before I knew it I'd hit him (...)*

*AH: How did you feel when he was saying all these things to you?*

*Kim: Like I wanted to kill him (...)*

*AH: When you went to hit him, what were your intentions?*

*Kim: Well I didn't go to hit him, this is what I mean, it were like... I couldn't do, I just could not control it, I didn't, I didn't even, like when he said it, like the first time I didn't even know I'd done it until I'd done it*

*AH: Ok*

*Kim: It were just, it were done. And it were just, that's how it was every time. There were just no control over it what so ever. It's not like I thought 'oh, well, you've said something about me kids therefore I'm gonna hit you'. It weren't, it weren't like that at all. It were just, said something about me kids, boom, done. I just start laying into him*

Kim's account suggests that her violent response is not a thoughtful process, but something that happens extremely quickly, and that she perceives to be out of her control. She describes going into an automatic mode that is completely thoughtless but compelling. She seems to lose awareness of herself and disconnects during these moments, which is reflected when she says; "*I didn't even know I'd done it until I'd done it*". Further, she seems unable to name her feelings, and instead substitutes this with what she wanted to 'do', which again seems to capture the dominance of wanting to do something, rather than being aware of, and reflecting upon, her thoughts and feelings.

Erin describes experiencing an even more profound detached state. See the following, where she reflects upon her response to her partner attempting to leave:

#### **Extract 43**

*458-492. Erin: there's like a surge of this emotion and... so, that sort of biting thing kind of brought me back to earth a bit. It was kind of like, it was kind of like your heart, like you're so wound up, like you're not*

*earthed at all, like you're not in your own body and so it's a physical thing to come back into your own body. (...)*

*AH: And how did you feel at that time? If you think back to that moment you were on the stairs can you describe how you felt at that time?*

*E: No, I think even thinking about it now, I'm picturing it happening like a scene in a play, I don't remember being in it. Does that make sense?*

Erin speaks of her anger as feeling like electricity, where a large current suddenly flows through her, so dangerously overwhelming that she disconnects and vacates her body. From this detached position her feelings seem to be numbed. Erin describes biting herself as a way to reconnect and 'bring her back into her body', demonstrating the way she turns her violence towards herself as well as others. The way she describes, "picturing it happening like a scene in a play" highlights her detached state, giving the sense she experienced observing herself behaving aggressively from outside her body. Karla powerfully captures the way she experiences a detached, fragmented state:

#### **Extract 44**

*474-498. Karla: If I see there's an argument over here, I walk in the next direction, I don't even try to stop it, because basically if I'm trying to stop it and you hit me, I don't know what I'm gonna do to you because I kinda like forget myself. I've reached that stage now I don't even remember sometimes when I get into a fight until I'm being told what I did and what I didn't do. I can actually, I can actually lose it, to a point where everything mashes up you know?*

*AH: I was going to say like, in that moment, like how are you feeling? What's going on for you?*

*Karla: But this is what I'm saying, in that moment, you can't remember and it's like you go blank. You just get so angry it's like you're a different person.*

*AH: Hmm yeah.*

*Karla: And to be honest with you, I can remember most of the time um getting to that point but I can't remember most of the time when I get really violent until after when you kind of catch yourself and realise like. I've had water thrown on me when I'm angry, just for me to catch*

*myself. And then I'm kind of, 'what was I doing here?' And when I look you're bleedin', d'ya know? And this is serious, and this is the point that you- your body becomes immune, I think your body and your mind just becomes really immune, that you don't feel anything and you just blank out. And you just go wi- you just go. You just get really angry and you go.*

Karla explains that when her anger intensifies and reaches a certain point, her mind and body become unresponsive; she loses the capacity to reflect upon what is happening, and loses control of her behaviour. There is a sense she is afraid of the scale of her anger and the harm she is capable of doing to people during these moments, and only feels safe afterwards when her anger has dissipated. The way she describes going blank is as if she experiences no feeling, no thinking, and has no awareness. She seems unable to stay connected with the present moment, and unable to experience herself being violent. Instead, she seems to attribute her anger to a 'different person', which seems to highlight the way she splits off her violent aggression, as if unable to integrate it into her experience.

Chloe describes a similar experience:

#### **Extract 45**

*122-136. Chloe: There were times when I'd lost my temper with him and, and I'd just kick him or I'd just like punch his arm, but not... I mean I'm not a physically strong person, but, but sometimes, you know, when, when anger just takes over you don't realise your own strength sometimes. And, but yeah, I'd... there was a lot of kicking (...)*

*AH: Were you aware of what you were doing at the time?*

*Chloe: During those moments, no, but afterwards, yes, it s- it sunk in and, and I just... hated myself for it. And I just, and just kept thinking to myself, this, this is not right, I shouldn't, shouldn't react like this, but I just, I did and you just feel like you've just got no control.*

*235-237. Chloe: Back then, yeah, I would say it was just... I felt at times I was out of character. I wasn't me. And... I just didn't like the person that I was.*

Chloe describes her anger as something that ‘takes over’ her, giving the sense that it dominates her experience, to the extent that her awareness numbs. Like the others, she describes it as an uncontrolled, unthinking process. In these moments, Chloe perceives herself as being ‘out of character’ and ‘not herself’, highlighting a detached state. The way she explains not knowing the limits of her strength, seems to reinforce this, as it implies she is not engaged with the depth of her anger. Further, she describes hating herself for behaving aggressively; implying a feeling of shame is also entangled in this experience, which perhaps strengthens her detached state.

#### **4.4.2 Justifying, minimising, denying: “*But the things he were saying, erm... made me hit him.*”**

None of the participants describe themselves as responsible for their abusive and violent behaviours. On occasions, some participants deny their violent behaviour altogether (e.g. Lucy; lines 421-424). Instead, many place the blame on their partners, for example Karla explains; “*they make you get violent*” (line 458). Their explanations may be seen as focused upon minimising their violent behaviours, providing justifications, and denying its impact on others, perhaps making it easier to tolerate. However, in talking about their behaviour in these ways, they seem to reduce something that is very complex to something very simple.

In the following extract, Lucy’s account illustrates the apparent dissonance she experiences when she thinks about her physically aggressive behaviour towards her partner:

#### **Extract 46**

155-164. AH: *When did you first become aware that you were being aggressive towards him?*

Lucy: *When I first did it.*

AH: *What did you think?*

Lucy: *I was really shocked that I could behave like that - like him, like he did (pointed to previous partner as if he was in the room). But no, I’m not like that, I’ve never ever been like that*

Lucy's initial shock gives the sense she didn't think she could be capable of behaving so aggressively. She likens her behaviour to her ex-husband's, and in doing so, she brings the focus back to him and the violence she endured. Lucy does this throughout her interview (e.g. lines 260-261: "... *I threw something at the wall - but that's coz I lived, I lived with that for 23 years and I never used- I'd never done it before*"); in a way that might suggest she struggles to tolerate the focus being solely on her aggressive behaviour, so appears to justify her actions by shifting the focus on to her ex-husband's behaviour. However, in doing so in this instance, perhaps the realisation of how alike they are is too disturbing for Lucy - she suddenly contradicts herself and denies what she did. When she does this, she seems to disconnect from the interview for a few moments and is in conflict with herself, as if she is struggling to accept this aggressive part of herself. This echoes the accounts of Chloe and Karla in the previous sub-theme, however here, we see Lucy in conflict with herself in the moment, highlighting the internal struggle she experiences when thinking about her aggressive behaviour. Like Lucy, Mandy also emphasises the abuse she endured from her partner each time she talks about her own abusive behaviour:

#### **Extract 47**

203-206. Mandy: *Smashin'... err, smashin' his belongings really, you know. And that were a dear, dear, expensive thing. Err, yeah. Smash his phones before - but he's very abusive, very, very abusive*

233-239. AH: *And d- did he ever get any injuries?*

Mandy: *Err, yeah, a couple of times. Not, not spectacular. I've had, I have. I've had, he split me head open and things but... Erm... you know, a cut or something, not major, not like hospital or anything like that, cause he's a big bloke anyway, so, I couldn't really hurt him...*

Mandy emphasises that in her mind, her partner's behaviour is much worse than hers, for example the emphasis and repetitions in the way she says "*but he's very abusive, very, very abusive*", along with the way she compares their injuries - her injuries being seemingly more 'major' than his – is as though she wants to convey that she is not as 'bad' as him, perhaps both to me and herself. The way she does this suggests it makes it easier for her to comprehend and tolerate the knowledge of her aggressive behaviour.

Sarah also foregrounds the abuse she has endured:

**Extract 48**

*446-464. Sarah: All the men are the same. [Sniffs] And I've come to find out now, to me they are. If they don't physically do it, they emotionally do it, or sexually, or mentally. And that's the way I see men now.*

*AH: And you said that, erm, the... you told the mental health worker about what had been happening, and what was her response when you told her?*

*Sarah: I didn't... I didn't tell her I was violent.*

*AH: Okay.*

*Sarah: I didn't tell the doctor I was violent.*

*AH: Okay.*

*Sarah: Because the point is I don't see why I should.*

*AH: Okay*

*Sarah: Cause it's all right people sayin', "Oh, well you shouldn't be violent." When [sniffs] at the end of day, men shouldn't mentally abuse us then should they? And then they think they can mental abuse your kids. And that was my way of defending myself and my child. Why should I feel ashamed of... defendin' myself, defendin' my child? Nobody else will.*

Sarah's explanation demonstrates her view that her partner is to blame, and that her violent behaviour was a way of protecting herself, which in her mind, justifies her violent reaction. She speaks adamantly, presenting herself as a victim defending herself, and her partner as someone who abuses her, not as someone she is in an intimate relationship with. The way she talks about 'men' and 'us' suggests she splits her world into succinct either/or categories: 'them' – men, who, in her mind, are all abusive – and 'us' – the victims of such abuse. Sarah clearly identifies herself as a victim and keeps her own violent behaviour hidden, as if it is insignificant compared to that of her partner.

Like Sarah, Chloe also seems to keep her abusive behaviour hidden from friends and family, speaking to them only about her partner's behaviour (lines 195-231, 541-555). Her interactions with professionals seem to reinforce this:

#### **Extract 49**

*341-354. AH: Okay. And what was the counsellor's response to you when you told her about erm, your behaviour towards your partner, how you had hit him? How did she respond when you told her?*

*Chloe: She thinks it was more to do with the fact that erm... that I was reacting the way I was, because, because of a lack of support and help that I was getting from, from him. And erm, one pe- pers- he actually, the tone that, that he used that I kind of felt like, it hit the nail on the spot, sort of thing. That... made me realise like a who- a huge amount about the whole situation, cause he used the word err, it was diminishing responsibility, because, cause obviously, like I was saying, I kinda felt like I was the one doing everything he wasn't. Erm, it just stressed me out to the point obviously, yeah, I was feeling frustrated, I was feeling angry...and I was, I, I was feeling the need to lash out...*

Chloe describes how in her experience, professionals shift the focus away from her, and emphasise her partner's behaviour instead, seeming to suggest he is to blame for her 'need to lash out'. This seems to have reaffirmed the way Chloe makes sense of her behaviour.

The following extract from Kim captures the way she sees her violent behaviour:

#### **Extract 50**

*374-382. AH: and how would you describe what you were doing, like what words would you use to describe how you behaved?*

*Kim: hitting him*

*AH: coz some people would say you know that they were being violent or abusive or aggressive, is that how you would describe it? Or would you, or do you think of it in a different way?*

*Kim: (pause) I wouldn't so much say aggressive, coz to me, he, he were the one that was being aggressive to me by saying what he was saying and I was just sort of, like, reacting naturally*

Kim doesn't identify her violent behaviour as 'aggressive'; she applies this only to her partner. Like the others, there is a sense of 'him' and 'her'; there is no sense of a dyadic relationship. It seems in her mind, she was 'just reacting naturally'. The tone of her voice is indifferent, implying she responded in a way that is familiar and perhaps 'normal' to her. At another point in the interview, in explaining her violent response towards her partner, she says; "*If you're doing it purposely to hurt me, then what do you expect? Simple*" (lines 162-163), which seems to capture the way she thinks a violent reaction is to be expected, as if, that's what people do. Yet, normalising her violent behaviour in this way seems to minimise it – suggesting it is minor and insignificant. The way Erin talks about her violent behaviour as 'good' and 'funny' similarly seems indicative of a tendency to minimise it:

#### **Extract 51**

*155-168. Erin: Once when we had a fight I just turned around and we'd just got these new wine glasses for Christmas and they were all lined up in the shelf, and I just swept them all up and they smashed all over the floor and it felt so good. Like, I never did anything like that in any other relationship. And there was stuff like, up, erm, had to go in the dishwasher and just threw it all on the floor. There was just stuff and glass everywhere...*

*AH: Yeah.*

*Erin: ... and, oh, I broke a chair as well. I just picked up a chair and... smashed it onto the kitchen floor...*

*AH: Okay.*

*Erin: ... and it broke. You look so sad [laughs].*

*AH: I'm okay.*

*Erin: [Laughs] It was so funny, started smashing things in your kitchen. I was like crazy, but in no other relationship did I ever do that.*

*AH: Yeah.*

*Erin: That was particular to him.*

There is destruction in what Erin is saying, yet she speaks in a light-hearted, whimsical way. This seems to take the edge off her words, making her account sound not so aggressive, which perhaps makes it easier for her to discuss with me. The way she refers



to her violent behaviour as something comical, and laughs, also seems to suggest a need to minimise the seriousness of her actions. Later in the interview, Erin communicates her understanding of the way she conveys her behaviour:

### **Extract 52**

*506-518. AH: And how did you perceive your behaviour at the time?*

*[Short pause].*

*Erin: I guess I thought it was justifiable, in that, you always think your actions are justifiable. I mean... they've done these interviews with... with murderers and they've all got reasons for their actions. They think that what they are doing is right otherwise, you know, they couldn't go on living. Everybody is the same. When you do something... like, you promise you'll be faithful to someone, and you cheat on them. There's a good reason for you doing it. There's always a good reason for whatever you've done. So... yeah, at the time I thought it was justifiable that I was angry because he was infuriating but of course, I should have... just finished the relationship*

As with the previous extract, Erin appears to minimise her abusive behaviour - when asked about it, she quickly refers to murderers, as if to lessen the severity of her own behaviour. She also makes generalisations, for example she talks about 'everybody being the same', and 'everyone always having a good reason for their actions', implying a need to normalise it. As the extract unfolds, she seems to explain that she justifies her behaviour because if she didn't, the feelings associated with acknowledging the reality of her actions would be utterly unbearable.

In the following extract from Mandy, she illustrates the way she perceives her behaviour. It begins with her reflecting upon the anger management group she and her partner attended:

### **Extract 53**

*172-183. Mandy: we were both coming here (...) it's it's done him more, more good than it has harm. Erm, more so for him, you know, cause I'm alright really. I were just getting roped in to... to, you know, the way he was behaving with me. (...)*

*AH: Can you tell me about erm, a time when you did react?*

*Mandy: I've smashed his car. Yeah. Erm, in fact I, yes, I smashed his car. In fact, I went, I went to nearly kill him actually*

Mandy demonstrates the way she sees her partner as being the one who needed help, not her, and seems to place the problem in him, rather than in them - she presents him as responsible for her destructive behaviour, reflected in the way she feels he 'roped her in'. Yet in contrast to this, she then goes on to describe something different - an incident where she 'smashed his car and nearly killed him', which seems to highlight a disconnection between the way she perceives herself, and the way she behaves, suggesting that perhaps Mandy is unable, or even unwilling, to recognise and acknowledge the reality of her actions. This also appears in other parts of account, notably when she seems to struggle to acknowledge the impact of the violent relationship on their children (lines 349-362).

This can be seen in the accounts of some of the other participants as well. See the following extracts from Lucy; the first follows on from Extract 32 where she fights with her ex-husband and daughter. Here, she describes her daughter's response to her grabbing her around the neck during that fight. The second extract Lucy talks about her daughter's struggle with anxiety:

#### **Extract 54**

*453-464. AH: and how did your daughter respond when you held her up?*

*Lucy: when I got, she, she didn't, she was like really full of beer. I hadn't had so much to drink and I know what, she was really quite drunk was Michelle. And she didn't speak to me that night, and then the next day, I went in and I went, 'Michelle I'm sorry'. She went, 'but but', I said, 'hang on a minute', I said, 'I'm saying I'm sorry and I really am but you should not have let him in this house!' I said 'I know he's your dad but the marriage has ended'. I said 'it's a bitter divorce Michelle', I said, 'and you let him in the house. Why? Why did you do it?' She went, 'he said he was going' and then she said sorry and we were fine. It was just I'd had enough, I thought, you idiot! Letting him in! It's lucky it didn't end up in a blood bath, honestly.*

382-384. *Lucy: Michelle went for counselling as well, she's got really bad anxiety problems and psoriasis has Michelle and that's through him*

In the first extract, Lucy's description of her interaction with her daughter gives the sense she is completely absorbed in her own experience and preoccupied with her own needs, as she allows little space for her daughter to express herself. Lucy appears to question her daughter in a ferocious manner. This seems to highlight her anger towards her for allowing her ex-husband into the house, and at the same time appears to reflect her lack of ability to see her daughter's perspective. Lucy speaks with force and hostility when she says "*but you should not have...*" giving the sense she is forcing responsibility for her violent behaviour on to her daughter. In the second extract, Lucy demonstrates the way she thinks her ex-husband is the cause of her daughter's anxiety. There is no sense of her being able to consider any contributing effect of her own behaviour, or the impact of their relationship, on her daughter's emotional health; she seems to place the responsibility entirely on someone else.

We start to see here the way the participants' relationships with those around them also appear fractured, which leads into the final subtheme.

#### **4.4.3 Breaking attachments: "*The best place I am, is being on me own*"**

This sub-theme reflects the way participants seem unable to develop satisfying relationships with their partners and children, and experience difficulties connecting with people. Many of the participants describe withdrawing from the world, as if they experience relationships to be threatening, thus evoking overwhelming emotional experiences. Chloe, for example, describes 'shutting herself away' (line 175). The sub-theme also captures the way participants seem to only see people in one extreme, as if unable to bring together and connect with both positive and negative qualities of a person. For example, Erin refers to her ex-partner each time as "*Bad Craig*", implying he is entirely bad.

In the following extract, Sarah explains her withdrawal from intimate relationships:

#### **Extract 55**

610-649. *Sarah: I still think I'd be violent. I wouldn't want to get into another relationship. Cause if there is a nice man out there [sniffs] I'd*

*probably just ruin it because this is what I'm saying to ya, it's here, [points to head] it's paranoia. It's trust. It's... he could be a nice guy, but it's what I'm thinkin' 'ere [points to head]. (...) I feel like, if he went out somewhere and he said he'd be back in an hour, yet it were an hour later, that would trigger off in me head, "Where've you been? Who've ya been wi'? What you been doin'?"*

*AH: Uh-hm.*

*Sarah: Erm, and if he just stood there and tried to explain 'imself I don't, I wouldn't let 'im explain himself. I'd just hit 'im probably and tell 'im to get out [sighs]. That's why I wouldn't, well, that's not, that's not the only reason why I wouldn't go into a relationship again. It's cause I don't trust 'em anyway. Like I said, the best place I am is being on me own.*

*AH: Okay.*

*Sarah: [Sniffs]. Cause it's safer. I don't 'ave to let anybody in. I don't 'ave to try and trust anybody else. Just safer me bein' on me own. Not just for someone else but for myself. Cause of what's up here [points to head]*

Sarah expresses a fear that she is unable to nurture something good, and instead destroys it. She seems terrified of intimacy because of what it might trigger in her, and makes reference to this again later in the interview (e.g. *"is he out there doin' what Richard were doin'?"* line 1323) demonstrating how her perceptions of situations are influenced by past interpersonal experiences, and a fear she might destroy any new relationship because of reminders of previous abusive experiences. This seems to highlight her inability to distinguish the past from the present. Sarah explains withdrawing from relationships not only to protect others from her rage but also herself. There is a sense she is afraid of the thoughts that might be triggered in her head if she were to enter a relationship, so attempts to avoid these overwhelming emotional experiences. Her thinking appears rigid, and she seems unable to discriminate, assuming everyone is untrustworthy. The sense of restriction captured here is present throughout Sarah's account e.g. *"I won't let nobody in... again. Never"* (lines 336-337) and can be sensed in her voice – there is a heaviness to it, as if communicating a feeling of hopelessness.

In the following extracts, we see the way Karla also seems to struggle to discriminate, and perceives men in only one extreme:

#### **Extract 56**

*680-697. Karla: Men are just naturally deemed to just attack you if you ask for anything, or you pressure them, especially when they're unemployed or they're... do you understand? (...) I've come to the conclusion in life that I don't need no one (...) I can just go on, single, free and just watch my children grow and watch my grandchildren grow. [Chuckles] Because men are so provoking.*

*952-957. Karla: I'm a very kinda isolated person. (...) Some days I can go into my mood zone and just isolate everybody and I all I want to see is my children*

Karla experiences her world with a polarised perception, as if in her mind, *all* men are violent and tormenting towards women. It seems this limited perception of people has contributed to her not wanting to be dependent and reliant upon anyone, and she takes it to the extreme by isolating 'everybody'. This, along with the way she describes a desire to be 'free', seems to emphasise how threatening and imprisoning she experiences relationships, so attempts to remain unconnected and detached. However the way she describes being isolated suggests a lonely, desolate, hidden place.

Lucy also seems to experience a struggle in engaging with people, ending the interview with the second extract:

#### **Extract 57**

*291-292. Lucy: I've got massive problems. Massive problems. I don't trust. I find it hard to trust. Anybody. I've got no friends.*

*490-492. Lucy: I find it so hard to trust. Men and women, it's not just him. I don't want any friends, I wouldn't trust them. Women, I wouldn't trust anybody.*

The way Lucy describes her experience in such extreme terms is striking, implying she may have experienced a profound breakdown in basic trust, that she reduces everyone into one category, 'bad and untrustworthy', rather than to try to comprehend and manage the nuances and complexities of different individuals. This seems to be contributing to her withdrawal from people. There is a sense of despair in her narrative; she apparently has no secure sense of connection with anybody. The way she describes and emphasises this as a 'massive problem', highlights her ambivalence and distress regarding this, suggesting there may also a part of her that would like to experience a sense of connection, but struggles to. This seems to be captured in the following extract where Lucy is talking about her partner:

#### **Extract 58**

*270-282. Lucy: Sometimes he might say something that I think is slightly off (...) I'll think 'urgh he's being funny' or 'he's being off with me', so I'll get aggressive sometimes and get funny with him*

*AH: in what way?*

*Lucy: I'll go in a mood, or shut myself off*

*AH: right*

*Lucy: I did that for years, and I'll just do that again. I shut myself off into me, I retreat and I cut everyone out. And Laura had said, Laura has noticed I have massive mood swings (...) where like, she says 'you make people feel uncomfortable mum, but you don't mean to but that's how it comes over'.*

Lucy describes the way she fluctuates between extremes in her relationship; if she senses something is not quite right, she will either 'get aggressive' or 'shut herself off', effectively recreating her past experience of conflict and disconnection. This highlights her inability to work through any potential conflict with her partner, and when she 'shuts herself off', she closes herself to him. The way she describes 'retreating' gives the sense she does this to protect herself, as if withdrawing into safety from something threatening and overwhelming. However even in the way she does this, there is a sense of aggressiveness – she describes 'cutting' everyone out. Note she says 'everyone', not just her partner, implying that the magnitude of the threat she experiences is such that

her capacity to maintain relationships with others is also heavily compromised, and she potentially risks pushing them away.

Kim reflects upon how the dynamic with her ex-partner changed:

#### **Extract 59**

*100-102. Kim: I mean we're still friends and stuff but we get, get on a lot better now we're not together (laughs). I think we're better as friends, leave it as that so... still meet up and stuff like that, sometimes.*

Kim speaks of maintaining a friendship with her ex-partner, rather than an intimate relationship. This may satisfy a need for distance, which seems to characterise many of her relationships; Kim explains she 'messed up with her kids' (line 327) and they were removed from her care (line 22). This perhaps reflects an inability to develop the type of relationship with her children that would enable them to thrive, and highlights her difficulty engaging with people at an intimate level.

Like Kim, many of the participants describe experiencing fractured relationships with their children. Karla describes a moment she felt unable to bear the violence she had previously endured, as well as the violence she had inflicted upon others, and attempts to kill herself while she was pregnant:

#### **Extract 60**

*590-601. Karla: I have had my moments where I've had enough. I tell you I was pregnant with my third son and I had enough until I throw kerosene over me, this is no joke and I was ready to strike that match and light myself. My belly was all done. So he realise I was serious, snatched the matches out my hand and run out the house and he left for a couple of days. (...) I smelt that kerosene on my body for days, it was like I was breathin' in these fumes for days like, didn't leave my hair, didn't leave my body. My son is special needs today. My son have a deformed lungs, yeah? Doesn't really interact much with people, they think he can't talk but he can, but he's different*

Karla describes turning her violence towards herself. Her violent intention to burn herself to death may highlight the extent she wanted to suffer before ending her pain

altogether. Further, the emotional pain she seemed to be experiencing at that time apparently outweighed her desire to give her baby a life and to enable him to thrive, mirroring her own childhood experiences of neglect in which she herself was not allowed to thrive. This perhaps illustrates the extent to which she felt consumed with her own emotional experiences during this moment - as if nothing else mattered - and an impoverished capacity to hold her unborn baby, and her other children, in mind. Sarah reflects upon how her early experiences of her mother have affected her relationship with her children:

**Extract 61**

*737-754. Sarah: she was as bad as what he was, and I think a lot of that has affected me life. Erm, affected me children's life as well.*

*AH: In what ways?*

*Sarah: Well, me daughter now, she's twenty-seven. She's got two beautiful children, but she doesn't have 'em... Erm, drugs, alcohol (...) Erm, me son... I mean I don't see me son or daughter. Erm, it's me youngest son that lives wi' me, because it affects...it affects... it affects you, yourself, but it also affects your children. You see, it's all wrong. Society's all wrong. The system's all wrong. If... maybe... cause a lot of people like me been through the same thing, same situation, and if people'd 've got that proper help when you were children and you were taken into care and you got that proper help, at that time, maybe I wouldn't have made the choices that I've made.*

Sarah seems to acknowledge her inability to nurture relationships with her two eldest children, and recognises that her daughter seems to be repeating this with her own children. Demonstrating awareness of intergenerational issues in her family, her tone sounds aggrieved as she expresses feeling deprived of support she feels she needed many years ago.

There is a sense throughout Sarah's interview that her struggle to engage with people spans all of her relationships, including those with professional services, who she has never felt heard by. For example she describes at age 15, she 'kept running away until somebody listened' (line 914-915). She repeats this throughout the interview (e.g. lines 435-436, 440-441, 778-780, 955-956) in the same way she repeats other parts of her



narrative, as if she doesn't feel heard by me either. The lack of connection she experiences with professionals is captured here:

### **Extract 62**

*1303-1306. Sarah: It's like they just say to you all time, "you've got to get over it, you've got to get over it". I said, "But you're not fucking listening". I says, "All these years, I've got on with me life, I've tried to get over it."*

Sarah indicates an inability to get through to professionals, which seems to replay earlier experiences of not feeling heard. There is a sense of exasperation in her narrative and her tone is angry, perhaps indicative of the way this experience intensifies her anger, which potentially puts her at risk of pushing people further away. There is also a sense of loneliness and sadness in her narrative, as if she experiences herself against the rest of the world. This is seen throughout her interview (e.g. lines 470-471, 540-548, 934-956, 1150-1151), particularly in the way she expresses, "*nobody cared about me... nobody cared what I wanted*" (lines 802-803).

Kim also describes a similar experience when trying to connect with professional services:

### **Extract 63**

*425-429. AH: Before coming here, what was your experience of trying to access help?*

*Kim: Non existent*

*AH: In what way?*

*Kim: Every way. It were like talking to a brick wall, every time I was trying to get help I might as well been speaking to a brick wall*

The way Kim describes feeling like she was speaking to a brick wall, gives the sense that those who she turned to for help were unable to receive and make sense of her communications. There is no sense of connection or feeling, as if she didn't experience a person there but an inhuman block that she was unable to get through. Her tone is frustrated, and, like Sarah, this experience appears to exacerbate her anger. Her account

evokes a sense of desolation in the way she experiences her needs to be neglected, seeming to replay earlier experiences.

#### **4.4.4 Summary of theme**

The women's accounts revealed an inability to remain connected during moments of violence; they then seemed to justify their behaviour, blaming their partners, their past experiences, and professionals for not helping them. They presented themselves as victims who needed to defend themselves rather than as perpetrators of violence. Their narratives also illustrate the tragic way they struggle to remain connected to people and withdraw, evoking a powerful sense of desperation and loneliness.

### **4.5 Data Analysis: Personal Reflexivity**

Throughout the process, the impact of my experiences and perspectives on the analytic task were kept under review at supervision. This involved reflecting upon how engaging in this research and immersing myself in the women's lifeworlds, as well as the powerful relationship dynamics, were impacting upon me, and how this might be consequently influencing my interpretation of the data.

During data analysis, I found myself oscillating between feelings of empathy for the women for having had such distressing experiences, and feelings of disbelief upon hearing the way they appeared to deny responsibility for their violent behaviour. I became aware of the way they could evoke such conflicting feelings and it struck me how easily I seemed to be experiencing their accounts in the dichotomy of 'victim' or 'perpetrator'. This influenced the way I interpreted particular data during the initial drafting stage, and I found I took a more 'suspicious' viewpoint at times. Supervision however helped me to refocus on the women's phenomenological experiences, and encouraged me to hold in mind the entirety of these, ensuring the women's voices remained central to my interpretations. I consequently strove to find a balance between an empathic and a questioning interpretative stance.

The level of trauma, violence, and destructiveness within the women's narratives was difficult to stay with. It felt heavy, intense and disturbing. On occasions, I found myself consciously disconnecting from the data, as I could not face entering the women's lifeworlds as intimately as IPA requires, and this consequently prolonged the analytic task. My supervisor and I noticed our tendency to skip participant extracts when we read drafts of my analysis, which highlighted the power of the data to make us want to disconnect from it. The way we seemed to neglect the women's voices poignantly reflected the way they had been neglected in literature, and I wondered whether the lack of research was not just about ideological and political arguments, but also about the difficulty of working with these particular experiences and the uncomfortableness they evoke.

Over time, I noticed how the data lost its impact upon me, and only when my supervisor expressed shock at some of the women's narratives did I remember the severity and seriousness of the accounts. I was immersed in the data day after day, and I felt as though I had become conditioned to the violence. I wondered if what I was experiencing conveyed something about how the women experienced violence – as something they had learned to be 'normal', and in some cases, perhaps insignificant?

The data also impacted upon my capacity to think. When I engaged with the women's accounts there were times I found I could not think, and felt stuck in their narratives, unable to step outside and reflect. I understood this as capturing something about what it felt like to be them and their inability to think about and reflect upon their emotional experiences. I also understood my experience to tell me something about what it might be like to work with the women therapeutically, and the potential to slip into ineffective practice. For example, when I interpreted an extract from Lucy's account, I struggled to see beyond the words in her narrative and the 'tit for tat' in her relationship with her ex-husband that she so emphatically replayed. I just could not think - much like it seemed Lucy could not move beyond it and had become stuck. Only when I managed to recover my capacity to think and step outside, was I able to reflect upon her experience and seek meaning beyond her account. I wondered whether the absence of professional services reflected that they too had lost their capacity to think about these women's violent experiences, consequently responding impassively, unable to respond effectively.

The women's accounts were fragmented, yet they flooded out, and their emotional experiences seemed all muddled together, and I felt overwhelmed by the complexity. I attempted to grapple with the nuances in their accounts by constantly moving between their experiences and my fore-understanding. This was a lengthy process; indeed much of what had been captured in the data was new to me. I therefore used the women's accounts to help me identify relevant literature that had previously been unfamiliar to me, which then helped me to make sense of their experiences.

My clinical preference for seeking a relational understanding of psychological difficulties, meant that part of the process of generating an understanding of the women's lifeworlds, involved me putting my relational experience of the participants, such as those described here, into dialogue with the women's accounts. For example, at times I felt intimidated by some of the participants, namely Kim and Karla. Their tone could be hostile, and there were times I felt Karla to be threatening; *"if anyone as much as comes too close... people got to be really careful of me"*, *"I don't know what I'm going to do to you"*. I wondered if the intimidation I felt mirrored the way they felt in being asked about such intimate experiences, and if their fierce persona was a way to maintain some distance. I further wondered if the vulnerability I was experiencing was a projection of their feelings, which they did not want to acknowledge. And did these relational dynamics parallel those between the women and their partners? These thoughts emerged from my fore-understanding about defence mechanisms and the way individuals relate to others. I therefore put this fore-understanding into dialogue with those of the participants, which helped me to go beyond their accounts and offer a perspective that the participant was not. For example, I understood that for some women during some moments, their violence might have been an attempt to rid themselves of difficult vulnerable feelings, which they attempted to project into the 'other'.

## **CHAPTER 5**

### **DISCUSSION**

#### **5.1 Introduction**

In this chapter, the findings will be summarised and considered in relation to the literature outlined in Chapter 2. The implications of the findings in relation to therapeutic practice and future research will also be discussed.

##### **5.1.2 Research aims and questions**

The study aimed to learn more about women's subjective experiences of their violent and abusive behaviour towards their partners, and to consider implications for treatment and make recommendations for practice.

Research questions:

1. How do women experience their anger and violent behaviour in their intimate relationships?
2. How do women make sense of their violent and abusive behaviour in their intimate relationships?
3. What have been their experiences of accessing help and support?

#### **5.2 Summary of Findings**

Past abusive and traumatic experiences were foregrounded in the women's accounts, and their rage and violent behaviour appeared to be a complex manifestation of these earlier unresolved traumatic experiences. There was a rawness to their rage, and the women appeared stuck in a narrative about being abused, unable to recognise and acknowledge themselves as perpetrators of violence. They described not knowing any other way to relate, and along with conflict, the women experienced disconnection; they described 'blinking out' during violent behaviour, experiencing it as an unthinking, uncontrolled process, and described experiencing breakdowns in social connection. These findings are discussed further in the following sections.

### **5.2.1 The impact of the past on the present**

The first theme demonstrated how the women experienced their abusive and violent behaviour in the context of past trauma and abuse experienced in their family of origin and previous intimate relationships. Indeed, all except one participant disclosed experiencing some form of relational trauma or abuse during childhood, and many had experienced multiple abusive intimate relationships as adults. The way participants spoke about these relational experiences suggested they were unresolved in the women's minds and remained traumatising, for example some participants described inescapable memories that continued to haunt them, and others appeared to relive experiences during the interview. The women's accounts illustrated how they seemed to repeat abusive experiences in subsequent intimate relationships, as if repeatedly attempting to master their earlier traumatic experiences, which Freud (1936) might refer to as the 'repetition compulsion'. Some participants also gave the sense that in seeking these destructive, abusive relationships, they were engaged in an unthinking search for something familiar and predictable. Wellدون's (2012) concept of malignant bonding might provide an understanding for this, which suggests that through repeating the malignant, yet familiar, attachment patterns experienced earlier in their lives, the women felt safe and 'at home'. However this repetitive pull appears to be a mechanism keeping the women stuck in abusive and violent narratives.

The way the women spoke about their past experiences was in a fragmented, and sometimes incoherent and chaotic way, which, from an attachment perspective, might be indicative of insecure attachment histories (Steele & Steele, 2008). Some refrained from disclosing much about their childhood, presenting themselves as invulnerable, whereas others flooded the interview with past traumatic experiences in a preoccupied, ruminative manner. What was particularly evident in all the women's accounts, and demonstrated in the second theme, was the rawness of their rage for being mistreated, which seemed to have built and built over the years and continued to be powerfully felt. It was this that appeared to underlie some of the women's aggression towards their partners, giving the sense they wanted to punish someone for the abusive experiences they endured in the past, wanting someone else to feel what they have felt. The vengefulness in the way many described their violent and abusive behaviours seemed to highlight the extent to which their emotional experiences remained unresolved. The

women also inferred the way they felt their relationships became infused with past emotional experiences, highlighting the significance of the way previous attachment representations can resurface and influence new relationships and interpersonal interactions (Clulow, 2001), demonstrating how the women's past relational experiences haunt their subsequent relationships.

Thus, the women's narratives suggested that past experiences remained unprocessed and unresolved, and the incoherence demonstrated that the women struggled to make sense of the abuse and trauma they had experienced – indeed on occasions they had no words for their emotional experiences, as if lacking the emotional apparatus necessary to make sense of, and process their experiences (Bateman & Fonagy, 2004). Given the difficult childhoods they described, it is likely that the women's attachment systems were disrupted by the maltreatment and trauma. It might be that as a child they never experienced an available and responsive attachment figure able to receive, make sense of, and name their emotional experiences – a capacity which they could then internalise themselves. Without this capacity, we saw the way the women struggled to find the words to name their emotional experiences, as if they were unknowable to them. In addition, the women's accounts illustrated the way they appeared unable to regulate their emotional experiences, as if in a state of emotional chaos – their anger was easily triggered and escalated rapidly, and many described impulsive, frantic acts of violence where they perceived themselves to be out of control. This might be similarly understood from an attachment perspective whereby they might have never experienced a psycho-biologically attuned attachment figure able to mirror, appraise and regulate their emotional states, which they could then learn themselves (Schore, 2000; Dimaggio et al, 2009), providing them with the feeling of being seen, felt, and recognised. This seemed to be reflected in the way some of the participants kept repeating their narratives, as if communicating a deep unmet need to be heard, and seen.

The analysis also highlighted how the women's descriptions of their interactions with their partners demonstrated an inability to reflect in the moment, and consider his perspective or intentions. They seemed unable to flexibly adapt to the encounter. Instead, they described quickly reacting abusively or violently. This way of relating appeared to span many of their interpersonal interactions, including those with their children – suggesting they struggled to think about their children's needs and feelings,

thus inadvertently exposing them to the same disruption and neglect they had experienced. This might be explained by an inhibited reflective function, where the women are unable to put themselves in the mind of others, and envision others' mental processes and subjective states (Fonagy et al., 1993). This reinforces the idea that the women appear to lack the emotional apparatus to identify, process, and regulate their emotional experiences. The only self-other representations they appeared to hold in mind were hostile, threatening, rejecting, and abusive, reflective of their earlier attachment experiences.

### **5.2.2 Neurobiological processes**

The lack of mentalisation, and the impulsivity in the women's violent reactions illustrated in the second theme, might also be indicative of a fragmented fight or flight system that has been shattered as a result of the trauma and abuse the women previously experienced (Herman, 2015). Many of the women seemed to experience the world as hostile and threatening. They described extreme reactions to ordinary interpersonal interactions, and their violent behaviour appeared out of proportion to what triggered it, as though for some their very lives were threatened, seeming to demonstrate a threat-focused internal world. This might be understood from a neurobiological perspective, which would suggest that their violent and abusive way of reacting reveals the climate of earlier attachment experiences, and demonstrates how their brains have adapted to help them survive in what they perhaps experienced then to be a malevolent and frightening world (Schore, 2000). From this perspective, the way some of the women appeared to be constantly alert, and automatically interpreted others' behaviour as hostile and attacking, might be the result of neural pathways created and burnt in by the brain during previous abusive and traumatic experiences.

The analysis also illustrated that when the women described engaging in interpersonal conflict, they appeared unable to withdraw non-violently. Many of them described not knowing any other way to respond, as if violence was the only response in their repertoire and they had no other resources available to protect themselves or to restore their sense of self. They attributed a sense of normality to their violent actions. Given the abusive environment many of them grew up in, this might similarly be understood from a neurobiological perspective, which would suggest that their violent response is the response that has been strengthened the most in their experience-dependant brain,



suggesting they may not have had sufficient experience to learn and foster alternative interpersonal skills, and is another factor keeping them stuck in the unrelenting violence in their lives.

### **5.2.3 Defensive strategies**

Embedded in the women's accounts was the sense that difficult and painful feelings triggered their violent and abusive behaviours; vulnerability, shame, inferiority, and fear of rejection or abandonment all seemed to lie hidden beneath the women's rage, and their violent behaviour appeared to be a desperate attempt to rid themselves of these overwhelming, unbearable, or unwanted emotional states. The psychoanalytic concept of projection might be used to describe the process here (Motz, 2014). The women, seemingly unable to contain and process their emotional states, seemed to attempt to project these emotional experiences into others, namely their partners, by violence and abuse, thereby freeing themselves of the feelings. For some, their rage appeared to be fuelled by difficult and hurtful feelings they wanted someone else to feel. By taking on the role of the aggressor, this seemed to provide a wall of protection in which they could disown feelings of vulnerability, helplessness, and humiliation, and provided them with a sense of control (Freud, 1936). This need for control in some of the women's accounts is consistent with previous IPV research that has proposed women's aggressive behaviours, like men's, can be driven by a need to control the partner (Graham-Kevan & Archer, 2009). This reinforces a similarity between male and female IPV, and highlights that violence within intimate relationships is more than a gendered problem.

In the third theme, the analysis revealed how the women experienced their violent behaviour to be a thoughtless, uncontrolled process. Many described a sense of blanking out, as if their rage was so intense and overwhelming it stopped their capacity to think and feel (Motz, 2014). The sense of disconnection in their accounts was profound, to the extent that some of the women's experiences could be dissociative. Dissociation has been described as a protective strategy against unbearable emotional experiences (Daisy & Hein, 2014; Herman, 2015), thus this way of disconnecting the self suggests there was something about the women's experience during these moments that they were unable to tolerate – perhaps the painful underlying feelings triggering the violent outburst, or the experience of emotional dysregulation, or maybe their violent behaviour itself. Although disconnection may have provided them with a way of coping with

overwhelming emotional states, like their use of projection, both defensive strategies prevent the women from addressing the emotional experiences they have evacuated into others/disconnected from, which keeps the experiences unprocessed and unintegrated, and can leave the women with a fragmented sense of self (Van der Kolk, 2015), as seen in their narratives.

The analysis also highlighted how the women experienced a breakdown in social connectivity. There was a heavy sense of mistrust in the women's accounts and they appeared unable to nurture healthy relationships. They described a need to withdraw from intimate and social relationships, as if to avoid overwhelming emotional states they experience in interpersonal situations, highlighting their inability to manage intimacy. For some, they experienced their withdrawal from the world also as a way to protect others from their rage. Some of the women tended to see people in only one extreme, as if unable to hold in mind a more complex and cohesive perception of others. This seemed to demonstrate a primitive level of black-and-white thinking, unable to tolerate any form of ambivalence (Lohstein, 2015). Although seen by the women as a protective strategy, the disconnection inevitably prevents them from opportunities to experience different types of relationships. However, the sense of hopelessness in some of their narratives suggests they recognise they would struggle to develop any other type of relationship regardless, as a violent and abusive one is all they know.

The analysis also revealed how the women tended to blame their partners for their abusive and violent behaviour, presenting themselves as victims defending themselves, rather than taking responsibility for their actions. Some of the women, after describing a violent outburst, later struggled to acknowledge their capacity for violence, with some denying it altogether. Others demonstrated a tendency to minimise or seek justifications for their behaviour. This is in line with findings from previous IPV research (Whiting et al., 2014; Henning et al., 2005), demonstrating again similarity between male and female IPV. In psychoanalytic literature, individuals' attempts to minimise or deny reality are understood as defensive strategies to avoid or reduce overwhelming anxiety or other intolerable feelings (Lemma, 2003). Thus, the way the women appear to disown their violent behaviour might suggest they are unable to connect with the painful reality of it, and this is as a way of coping. Further, the repeated emphasis the women placed throughout the interviews on the abuse they have endured, gave the

sense that some of them kept their violent behaviour hidden from others out of fear it might undermine their experiences of being physically, sexually, and emotionally abused, and jeopardise their opportunity for support. In doing so, they seemed to place the problem in their partners, as if they wanted to convey that their own behaviours were insignificant in comparison, and therefore not as ‘bad’. This too might be understood from a psychoanalytic perspective as another type of defence mechanism whereby individuals split off from their awareness, unwanted or unbearable emotional experiences, and project them instead into others (Klein, 1946). This could be seen in the way some of the women described themselves as ‘out of character’ and ‘not myself’, highlighting the internal struggle and distress the women appear to experience in relation to their abusive behaviour.

#### **5.2.4 A limited discourse**

The way the women continually shifted the focus away from their violent and abusive behaviour, and onto the abuse they had endured from their partners, demonstrated how they seemed to split their relationships into the victim/perpetrator dichotomy, thus constantly pulling the focus back to the gendered perspective, mirroring the dominant discourse in society and within IPV literature (Azam-Ali & Naylor, 2013). Although this may fit with the narrative known to society, and may afford the women feeling exposed and shamed, it leaves them stuck in a narrative about being abused, with no words or discourse available to make sense of their rage and violence. Further, the women experienced no channels open to receive and help them to make sense of what they had to say in relation to their violent behaviour, which appears to mirror earlier experiences where they may not have had an available and responsive attachment figure to receive, contain, and give words to their emotional experiences. This seems to have exacerbated their anger, and may have communicated that this is something not spoken about, thus reinforcing any sense of shame the women might have already felt.

### **5.3 A Call for Change – Clinical Implications**

The women’s experiences presented in the analysis demonstrate that female violence is complex, multifaceted and dynamic. Attempting to understand their experiences from

the perspective of the patriarchal model of male power and control and female self-defence simply would not explain, address or resolve the deep and complex issues of the women, and suggests a need to move beyond the dominant feminist perspective, towards alternative conceptualisations (Lohstein, 2015). Further, it suggests that violence within the couple can be mutual, and that both partners can be both a victim and a perpetrator.

The analysis suggests a need to utilise multiple perspectives to understand the violent attachments involved in IPV, as attachment styles, early relational trauma and abuse, the repetition compulsion, defence mechanisms, and neurobiological processes all appeared to be interwoven in the women's experiences. This highlights the significance of thinking about female IPV within the context of the woman's personal history, rather than just her current circumstances.

In line with the study's qualitative paradigm, the subsequent sections will focus upon the possible transferability of the findings to a similar group of women, rather than generalisation, and implications for treatment will be considered in relation to the application of specific interventions and the therapeutic relationship.

### **5.3.1 Clinical interventions**

When thinking about what might be helpful therapeutically for the women in the study, the data suggests several implications. Given the way they presented in the interviews, the women are likely to present in therapy as victims and be treated as such, with their violent behaviour neither acknowledged nor addressed. It therefore seems vital for therapists to be mindful of the entirety of women's experiences and be open and skilled to explore the whole of this. The women also appeared to lack the emotional and psychological apparatus to cope with their experiences, which seemed to keep them stuck in a cycle of trauma, violence, and relationship distress. Clinical interventions that are idiosyncratic and specific to the individual, and that aim to develop and nurture emotional, psychological, and neurobiological capacities could therefore be beneficial.

Psychoeducational interventions might be helpful in providing the women with a language for their traumatic, abusive and dissociative experiences. Offering information about trauma (Woolley & Johnson, 2005), and the effects of trauma on the developing

brain and social relationships, might help them to feel less negatively unique, and understand how their early environment may have affected the way their brains have developed and learned to survive, subsequently influencing the way they see, think about, and relate to the world. Further, helping them to become aware of their internal processes, attachment needs and relationship patterns, thus making the unconscious conscious, might provide them with a capacity for choice. Psychoeducational interventions that help the women to learn the language of emotion may also be beneficial, for example, helping them develop awareness of emotional states within themselves and others, by helping them to learn to recognise and identify the specific ways they experience strong emotions (Siegel, 2013). Also, helping the women understand the role of emotions, and the connections between thoughts, emotions, and behaviours seems prudent in helping them to break the cycle. Thus, providing the women with knowledge to help them understand, and a discourse to enable them to talk about their experiences may have an empowering effect and communicates to them that this is something that can be spoken about (Herman, 2015).

Given the significant struggle the women described in managing their emotional experiences, along with traditional anger management skills, they may also benefit from interventions that aim to improve emotional regulation skills, as suggested by Siegel (2013). Siegel highlighted that therapeutic models incorporating emotional regulation interventions, such as Dialectical Behaviour Therapy (DBT; Linehan, 1993), have been effective in the treatment of trauma-related disorders (e.g. Kinniburgh et al., 2005) and may prove useful in the treatment of IPV. This might include psychoeducational interventions that cultivate emotional self-awareness, such as learning to identify triggers that increase emotional reactivity, as well as interventions that aim to help the women learn to reduce the intensity of their emotional reactivity, such as challenging cognitive processes and enhancing their ability to reflect on their emotions rather than quickly acting upon them (Seigel, 2013). Mindfulness strategies have been used to aid emotional regulation (e.g. Linehan, 1993), and may help the women to become more present in the moment, and learn to pay attention to their experiences non-judgementally and non-defensively (Heppner et al., 2008). When paying attention, the ebb and flow of emotions become more noticeable, as does the interplay between thoughts, emotions, and bodily sensations, which can help to increase control and fosters internal attunement and emotional regulation, which can open up new options

for the women other than their habitual, automatic reactions (Van der Kolk, 2015). Mindfulness enables individuals to observe how the intensity of their emotions can rise to a peak and then fall, rather than being an unending overwhelming state, therefore it is possible that through mindfulness, the women may feel able to allow themselves to experience difficult emotional experiences, and learn to accept and tolerate them rather than trying to get rid of them (Shorey et al., 2014). Mindfulness interventions seem particularly beneficial for the women in this study as they encourage a focus on what is real in the here and now, which may help to loosen the grip of the past (Van der Kolk, 2015). Further, the way the women described being so readily violent and hyperaroused, suggests they may benefit from learning to achieve a state of relaxation. Practicing mindfulness can down-regulate the sympathetic nervous system therefore the flight/fight response is less likely to be triggered (Van der Kolk, 2015). In relation to this, yoga and breathing strategies may provide a way for the women to liberate themselves from the constant state of hyperarousal they experience (Crews et al., 2016; Seigel, 2013).

The sense of shame within the women's narratives suggests this is another important factor that requires consideration in treatment. Addressing shame is particularly important because it can become a barrier to therapeutic progression (Lee, 2013). Self-compassion interventions, which incorporate self-kindness, common humanity, and mindfulness, have proven effective in reducing feelings of shame (Neff, 2003). Further, research has found self-compassion to improve the outcomes of individuals who have experienced trauma, as the approach fosters the development of compassion resilience and the capacity to self-soothe as a prelude to trauma-focused work, enabling individuals to take their compassionate mind to the trauma and understand it from a non-blaming, non-shaming perspective (Valdez & Lilly, 2016; Lee, 2013). Research has also indicated that self-compassion is associated with increased social-connectedness and self-esteem, and a decrease in aggression (Morley, 2015). A compassion workshop was shown to be an effective intervention for both victims and perpetrators of IPV, which aimed to alleviate feelings of inferiority associated with a wounded sense of self, and encouraged individuals to internalise responsibility for their own experiences (Stosny, 1995). Clinical interventions that incorporate self-compassion may therefore be beneficial to the women in this study.

The results from the study also suggest that therapists might consider ways of expanding the treatment focus to include children, as the women struggled to put themselves in the minds of their children and appeared to lack attunement to their needs and feelings. This may put children at risk of developing disruptive attachments. Therefore, parent-child interventions that aim to improve attachment by strengthening attunement and mentalising functions may be beneficial. For example, helping parents to 'see' and understand their children from a different perspective and helping them to learn ways to soothe and respond to their children (Van Horn & Lieberman, 2009).

### **5.3.2 Group therapy**

Group therapy fulfils a fundamental neurobiological need for security, attachment, and connectedness (Lohstein, 2015), therefore a relational model of group therapy may be suited to address the complex issues within this clinical population. Lohstein explains that the therapy group approximates the family of origin, which provides a climate for working through individuals' relational issues of violence that stem from ruptured attachments, and where individuals can learn ways to gain security through interpersonal interactions without succumbing to triggers of humiliation, shame and loss, all of which can lead to IPV. Therefore a group setting where others have had similar experiences may help to lessen the women's shame, and may provide them with the opportunity to re-establish the connections and attachments necessary for healthy relationships. Anger and conflict can also be experienced differently in the safety of the group. Lohstein poignantly highlights that the experience-dependant nature of the brain means that the developing relationships between group members enhances brain development and increases neural connectivity, allowing for change to occur and for the brain to be reconfigured.

### **5.3.3 The centrality of the therapeutic relationship**

The quality of the therapeutic relationship has been consistently identified as creating better outcomes in therapy (Norcross, 2002). However, with IPV being a relational problem, and the findings of the study highlighting the significance of the way the women's attachment representations resurfaced and influenced subsequent relationships, this suggests that the relationship between therapist and client will be integral to the therapeutic encounter, highlighting the importance of being-in-relation, a fundamental aspect of Counselling Psychology (Strawbridge & Woolfe, 2009).

#### 5.3.3.1 Developing an attachment

For many of the women in the study, an abusive way of relating seemed ‘normal’, and they struggled with intimacy and remaining connected. From an attachment perspective, they are likely to approach the therapeutic relationship with prior expectations of sub-optimal care-giving (Holmes, 2012). Further, their attachment styles are likely to influence the way they approach the therapeutic encounter – some women may describe their experiences in minimalist ways, resisting therapist probes for feelings, whereas others may overwhelm the therapist with emotion, leaving little space for reflection, either way the process of productive engagement is compromised. For therapists to approach this and be able to provide a secure attachment relationship, Holmes (2012) has recommended therapists to initially accommodate to the presenting stance of the client to enable them to identify and alleviate attachment needs before gradually facilitating exploration and moving to a more challenging role that opens the way for psychological reorganisation.

The analysis also highlighted the women’s needs to feel seen and heard. This emphasises the significance of attunement in the therapeutic relationship (McClusky, 2005), along with Bion’s (1962) concept of containment, which is the process in which the therapist receives the clients feelings without becoming overwhelmed by them, and attempts to modify them into something meaningful that can be articulated and thought about. As a result, these processes can regulate the intensity of the women’s emotions, and the feeling of being understood can lead to a sense of security (Holmes, 2012). Gradually through this experience, the women are likely to internalise the capacity to think about, tolerate, and manage difficult emotional experiences, rather than relying on defensive strategies like projection to cope, enabling the integration of past trauma. Further, from a neurobiological perspective, therapists’ ability to acknowledge, receive, contain and give words to the women’s experiences allows for neuroconnectivity to begin and change to occur in brain neurocircuitry, which is necessary for creating a self-reflective state in which they can begin to be both calm and curious about their experiences (Lohstein, 2015).

Given the disruptive attachments that the women seem to have developed, the therapeutic relationship is likely to be fragile and requires sensitively monitoring (Motz,



2014). Therapists' ability to return to misunderstandings and work through ruptures in the relationship may provide the women with the experience that following disruption, relationships can be repaired and can improve, contributing to the ability to have a feeling of hope (Douglas, 2007). Schore (2009) has further added that the experience of rupture and repair can enable the individual to develop self-regulation and interactional skills, and learn to tolerate waiting and frustration.

#### 5.3.3.2 Therapist's own processes and role of supervision

My personal reflections of the data collection and analytic stages highlight the powerful relational aspects involved when working with this client group. The women in the study presented themselves so strongly as victims defending themselves that it was difficult not to get drawn into this narrative and define them as 'victims'. However at other times, their accounts were so brutal and menacing that I could only see them as 'perpetrators'. In therapy, this carries the risk of reinforcing and perpetuating ideological perspectives of IPV and may limit the women's potential for psychological growth and integration, as seen in the women's accounts. This highlights the need for therapists to maintain the wholeness of the women while they explore their fragmented experiences. By cultivating a mindfulness stance this may help to provide therapists with a reflective space (Safran & Muran, 2003) within which they can enter the client's world and explore the conflicting elements of their experiences, while at the same time maintaining an observing capacity which enables them to hold in the mind the wholeness of the women.

A mindfulness stance may also allow therapists to become aware of their judgements as they emerge, which they can then reflect upon later and process, hopefully enabling them to avoid falling into the trap of taking sides. When working with IPV it seems prudent that therapists are truly open to challenging their assumptions and potentially changing their perspectives, adopting a position which allows the client's experience to further inform their understanding, in line with Gadamer's (2004) cyclical process of understanding. Tufekcioglu & Muran (2015) have highlighted the importance of therapist self-reflection, suggesting "with every therapeutic encounter, therapists must courageously confront themselves and expand their awareness of themselves in relation to yet another individual" (p.472). Supervision therefore becomes an essential component of therapeutic work, enabling therapists to explore their assumptions and

uncover and process collusions and collisions that might lead to therapeutic impasses (Wallin, 2007). Counselling Psychologists are particularly well placed to offer supervision as reflective practice is a fundamental aspect of Counselling Psychology (Strawbridge & Woolfe, 2009).

Working in a climate of trauma and violence may challenge the therapist's emotional balance and capacity to think. In response, therapists may find themselves attempting to rescue, allowing boundary violations, doubting or denying the client's reality, numbing, and/or minimising or avoiding the traumatic material, among others (Herman, 2015). In the same way the women may benefit from a therapist who can provide containment, so do therapists need a containing supervisor who can help to recover their capacity to think should this become compromised, and help them to explore and understand their unconscious processes.

Therapists' countertransferential feelings can be important sources of information, leading to deeper understandings about the client's experience (Heimann, 1950). The process of countertransference can be understood by recent research in neuroscience that has shown how the mirror neuron system located in the prefrontal cortex of the brain allows individuals to understand the minds of others, especially in relation to unconscious emotion and intention (Iacoboni, 2009). Sonkin (2013) has discussed Iacoboni's (2009) work on mirror neurons in relation to IPV treatment, highlighting the significance of the therapist's use of self. Sonkin describes IPV as a problem where individuals tend to be unaware of their emotions, acting upon them rather than being able to talk about them, which resonates with the current study. Sonkin encourages therapists to draw upon their own experience of the relationship in terms of countertransferential feelings, to understand better the client's inner world and to open up a dialogue with the client about this, to provide an opportunity for self-reflection and develop self-awareness.

## **5.4 Limitations and Recommendations for Future Research**

### **5.4.1 Limitations**

There are several implications of the sample on the data set. Firstly, due to the difficulty recruiting, the sample consisted mainly (five out of seven) of women recruited from a therapeutic contact who ran an anger management group. This might suggest that participants were over-represented by those with complex needs, and could be considered more of a clinical sample, rather than a non-clinical community sample.

Further, it might be argued that the availability of a particular way of talking about an issue results in language preceding and shaping the experience (Willig, 2013). It is noteworthy that a proportion of the participants were recruited from an anger management group, meaning that all participants, except two, had been in group therapy at some point. It is therefore possible that these participants are familiar with a particular way of talking about their experiences (i.e. 'therapy' talk), and their sense-making within the interviews may have been influenced by how their experiences have been collectively constructed and framed within group therapy. Further, given my profession as a Counselling Psychologist, and that I am immersed in a similar language, it is possible that I may have attended more or less to certain narratives than others, and taken for granted certain 'shared' assumptions. Consequently this may have shaped the way the data was constructed during the interviews, and subsequently interpreted during analysis.

In addition to this, at times during the interviews, neither the women nor I could fully extricate ourselves from dominant IPV discourses, and the desire to fit expected social gender roles appeared to influence the construction of data. The women presented themselves as victims defending themselves, and there were certain questions that I wanted to ask but felt I could not (for example, 'why didn't you leave?'), out of fear of offending the women, or inducing shame in naming taboos. However, arguably, on other occasions my open and non-judgemental stance enabled the women to express views that might have otherwise been closed down.

The analysis of the interview data, and subsequent understanding of this and recommendations for practice, were constructions generated in a particular context, and informed by my professional and personal knowledge and experience. Therefore this research is just one reading of the data, and not the only possible reading.

The use of semi-structured interviews provided rich and detailed accounts of the women's experiences that were representative of the issues they deemed important. However, in order to achieve depth in each theme during the analytic stage, an amount of data was discarded. Therefore the findings presented, whilst ground in the data, represent my interpretation of the women's accounts, and essentially the aspects I found most interesting and attended more to. For example, in foregrounding a more psychodynamic lens to interpret the findings, other aspects such as attachment and neurobiological processes, although attended to, were perhaps less pronounced. This may also extend to the participant whose interview was excluded from the final sample. This participant was excluded on the basis that she did not appear to meet the criteria for the study – despite accessing an anger management group, she could not think of any occasions she had been violent or abusive in her intimate relationships, so therefore could not talk about her experiences of this. Instead, she focused solely on her experience of being abused and mistreated by others. It is possible her experience could have added to the data, but I did not notice this, and instead attended to other narratives.

In using interviews in the study, the women used language to communicate their experiences. However, their lack of reflective capacity, and the difficulty some had in producing descriptions, suggests they were unable to use language adequately to capture their experience of their abusive and violent behaviour. Willig (2013) has suggested that participants unable to articulate their experiences in the sophisticated manner required by IPA calls into question their suitability and limits the research findings. However it might be argued that the lack of language itself captures an important aspect of the women's experiences, and one that therapists may encounter during clinical work, making it highly relevant.

#### **5.4.2 Future research**

The current research aimed to explore the subjective experiences of women who have been violent and abusive in their intimate relationships. I took a hermeneutic phenomenological stance to make sense of their experiences, and used IPA to analyse the data. However there are other possible ways to explore and design this research. In particular, the way the women positioned themselves and talked about their experiences the way they did, for example using 'therapy' talk, and positioning themselves as

‘victims’, could be explored and understood from a social constructionist outlook, using discourse analysis for example.

Given the lack of literature in this field, more research that continues to build upon our understanding of female IPV is vital (Flemke & Allen, 2008). Further studies that focus upon women’s experiences of their abusive and violent behaviour may help to inform and update practitioner training. The lack of evidence-based treatment for this clinical population highlights the need for research to focus upon piloting new treatment approaches, as suggested earlier in this chapter that incorporate current research on attachment trauma and neuroscience.

The women’s narratives indicated the significance of attachment processes in their experiences of IPV. Numerous studies have demonstrated that attachment theory can provide a crucial lens through which to view IPV (e.g. Dutton, 2006; Dumas et al., 2008; Allison et al., 2008; Belanger et al., 2015). Future research could therefore focus on more in-depth exploration of specific attachment dynamics in relation to IPV, for example, how do women experience and make sense of abandonment/loss/separation? Additionally, in line with neuroscience literature (e.g. Fonagy, 1999; Schore, 2000; Seigel, 2013; Raine, 2013) the current research also indicated the significance of neurobiology when making sense of IPV. Future research could inform this area further through exploring specifically women’s experiences of hyperarousal, emotional dysregulation, and dissociation in relation to their violent and abusive behaviours.

Such research would help to keep IPV literature moving forward, and may encourage professionals to view the problem through a more multi-dimensional lens. George and Stith (2014) express concern that essentialist or one-dimensional perspectives “keep the field frozen” (p. 181) and encourage feminist, family violence, and other researchers to seek a more nuanced perspective.

## **5.5 Conclusion**

The gender paradigm has been the most dominant perspective of IPV to-date (Azam-Ali & Naylor, 2013), however this research has offered individual accounts of a reality that

is far more complex. A polarised perception about the ‘perpetrator’ and the ‘victim’ denies the complex and nuanced dynamics within the couple, and risks silencing both women’s and men’s experiences. Despite their violent and abusive behaviours, the women in the study appeared stuck in a narrative about being abused, which seemed to prevent them from being able to address and integrate their emotional experiences, highlighting how unhelpful it is at a professional, organisational, societal, and personal level to make assumptions about men and women, ‘victims’ and ‘perpetrators’. Instead it seems vital to encourage new knowledge and discourses to be created to add to our understanding of female violence. In line with more recent IPV perspectives incorporating attachment trauma (Motz, 2014) and neuroscience (Siegel, 2013), in this study the women’s rage and violence appeared to be a complex manifestation of earlier abusive and traumatic experiences that remain unprocessed and unintegrated, and where multiple factors including both psychological and neurobiological processes were keeping them stuck. However the nature of neuroplasticity means that change is possible within the brain, the mind, and relationships (Gilbert, 2013). The study highlights that there is no one singular truth of IPV, rather it is complex, multi-faceted, dynamic, and unique to the individual, which practitioners need to hold in mind when considering treatment.

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## **APPENDICES**



## Appendix 1: Research poster for conference

# Women's experiences of engaging in violence and abuse with male intimate partners

Amy Hammon, Trainee Counselling Psychologist, University of East London, Supervised by Dr Jane Lawrence  
Email: [a1020645@uel.ac.uk](mailto:a1020645@uel.ac.uk)

### Introduction

The history of research into intimate partner violence (IPV) spans the last 40 years. When the feminist movement brought public attention to it in the 1970s, despite their tremendous contribution, the initial effect was that exclusive focus was placed on male perpetrators and exclusive focus was placed on just one of the many causes. Since, women's participation in IPV has been a source of much debate, and only more recently does there appear to be a changing climate in the field's willingness to consider the issue of female violence (Holtzworth-Munroe, 2005). A number of studies have attempted to explore women's engagement in IPV using quantitative approaches (e.g. Swan and Snow, 2003; Stuart et al., 2006) however this has yielded limited data of a phenomenon that is complex, multifaceted, and dynamic.

### Objective

The study aims to gain a deeper and fuller understanding of how women experience and make sense of their engagement in violence and abuse with male intimate partners.

### Research paradigm

- Qualitative approach of inquiry concerning in-depth exploration, description, and interpretation of subjective meanings attributed to experiences by participants themselves (Willig, 2008)
- Phenomenological stance, aiming to understand how participants consciously reflect on, experience, and construct meaning of their lifeworld (Landridge, 2008). Also integrating a hermeneutical stance, continually reflecting upon what I am bringing to the implementation of my research and the analysis of data
- Critical realist perspective to provide a frame within which the effects of feminist ideology and social gender roles upon women's experiences of engaging in IPV can be considered
- Interpretative Phenomenological Analysis (IPA; Smith, 2002) methodology committed to idiography, empowering the voices of women seldom heard.

### Methodology

- 60+ intimate partner violence (IPV)-related organisations were contacted in the UK
- Two organisations agreed to advertise the project, six participants from these two organisations volunteered to take part
- One participant recruited from a local university where research was advertised
- Individual semi-structured interviews were conducted with each participant
- Interview transcripts were analysed in accordance with IPA
- Reflexive journal kept throughout

### Data analysis: main themes

#### Trapped in Violence

Participants' experiences of past trauma and abuse are indelibly imprinted in their narratives. They present themselves as victims before speaking about their own abusive and violent behaviour, reliving this trauma and demonstrating an inability to process and integrate these experiences. They describe a sense of remaining psychologically bound at the time to these past abusive relationships - despite feeling as though they were trapped in these destructive relationships involuntarily, they appeared to have consciously chosen to remain in them. Furthermore, they describe a world now in which the slightest thing is enough for them to "batter" somebody. Sometimes upon impulse, sometimes calculated. Not knowing any other way to respond, participants describe their feelings of, and enactments of, murderous rage.

#### Disconnection

During violent attacks on their partners, participants describe not thinking or feeling anything, and appear to disconnect from the self, as if the present moment is completely obliterated by their rage. Furthermore, participants appear to remain blinded by past trauma, with hoarded anger being projected outwards onto a partner disconnected from the original source of this anger. Lastly in this theme, participants describe an isolated world where they disconnect from attachments, including children, demonstrating a fundamental struggle with intimacy.

#### Altering Reality

Participants describe difficulty in owning their violent and abusive behaviour. They seem to alter reality by presenting a number of arguments, from denial, to rationalising, to placing the blame on others. Furthermore, disowning/not acknowledging their own violent and abusive behaviour keeps it hidden and unprocessed, avoiding feeling exposed and shamed, but leaving them stuck in a narrative about being abused.

### Preliminary discussion / Implications for Counselling Psychologists working with client group

- Participants stuck in destructive cycle: Unprocessed and unresolved past trauma > unexpressed anger eventually enacted > disconnect from self > unable to own/acknowledge their violent and abusive behaviour > unprocessed emotional experiences > focus on what others do to them > anger increases and projected outwards > remain stuck in this cycle
- Safeguarding children - participants not always able to see or acknowledge that they are putting children in danger
- Regular supervision to process countertransference and to think about relational aspects of therapeutic work

"Battered him all over me house... I split his lip, I bust his nose... threw stuff at him... kicked him, punched him... I think I head butted him as well actually if I remember rightly" Kim  
Theme: Trapped in Violence - Murderous rage

"Even thinking about it now I'm picturing it happening like a scene in a play, I don't remember being in it" Erin  
Theme: Disconnection - The numbing of rage

"I bought 'im more alcohol, I went to shop and bought 'im the alcohol, but I wanted to get it for 'im, cause I wanted 'im to die" Sarah  
Theme: Trapped in Violence - Murderous rage

"The things he were saying, erm... made me hit him" Sarah  
Theme: Altering Reality - Avoiding responsibility

"I dived on him, got his head like that and I were banging him right in his face. And I blacked, I think I blacked his eye. And I went 'you fucking bastard!" Lucy  
Theme: Trapped in Violence - Murderous rage

"Yeah, he's gone to stab me... It was madness, absolutely crazy. I say, I wanna know today why I'm still with him [chuckles] all this time. I think anybody would have run, you know... a million miles away" Mandy  
Theme: Trapped in Violence - Bound from the outside and from within

"That was my way of lettin' it out. Maybe it weren't just anger with 'im. Maybe it was because of me ex-husband as well. And me stepfather. And me mother... Basically I just got angrier and angrier and angrier and angrier and I'm still here" Sarah  
Theme: Disconnection - Disconnected anger

"I've got massive problems. Massive problems. I don't trust. I find it hard to trust. Anybody. I've got no friends" Lucy  
Theme: Disconnection - Destruction of attachments

"I can't remember most of the time when I get really violent until after when you kind of catch yourself and realise like. I've had water thrown on me when I'm angry, just for me to catch myself. And then I'm kind of, 'what was I doing here?' And when I look you're bleedin', d'ya know? And this is the point that your body becomes immune, I think your body and your mind just becomes really immune, that you don't feel anything and you just blank out. And you just go wi- you just go. You just get really angry, and you go" Karla  
Theme: Disconnection - The numbing of rage

"What you are inside is, you're kind of hurting, you know. A lot. Err, so that comes out on others, you know. You know, you just attack people you know what I mean" Mandy  
Theme: Disconnection - Disconnected anger

"I wasn't thinkin'. What's the point? I just saw red and went for him" Sarah  
Theme: Disconnection - The numbing of rage

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## Appendix 2: Recruitment poster



### Women:

**Have you been in conflict with a male partner at any time in the past, which has led you to behave in an aggressive or abusive manner?**

**Have you ever used hurtful or threatening language towards him?**

**Or have you tried to control him in some way?**

You are not alone; many women have been in similar situations to you. I am interested in listening to your individual experience.

I am conducting confidential 1:1 interviews with women lasting approximately 60 minutes where they can talk about their expression of anger in their intimate relationships. I hope the interviews will give you the opportunity to talk about your experiences in your own words, without feeling judged or misunderstood in any way.

I am conducting this research as part of my Professional Doctorate in Counselling Psychology at the University of East London, and I hope that it will help to improve the support available to women.

Please note that names and other identifying information will be removed from the research to ensure participants are kept anonymous.

If you are aged 18 years or above and are interested in sharing your experience for the purpose of my research, then please contact me and I can provide you with further details of what the study will involve.

Thank you  
Amy Hammon  
Counselling Psychologist in training  
Mobile: 07745 065969  
Email: [u1020645@uel.ac.uk](mailto:u1020645@uel.ac.uk)



## Appendix 3: Participant invitation letter



UNIVERSITY OF EAST LONDON  
School of Psychology  
Stratford Campus  
Water Lane  
London E15 4LZ

### **PARTICIPANT INVITATION LETTER**

You are being invited to take part in a research study which is being conducted as part of my Professional Doctorate in Counselling Psychology at the University of East London. Before you decide whether to participate it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact the researcher if there is anything unclear or if you would like more information. Please take time to decide whether or not you wish to take part. **Your participation in this study is completely voluntary.**

#### **The Principal Investigator**

Amy Hammon

Contact Details - Email: [u1020645@uel.ac.uk](mailto:u1020645@uel.ac.uk); Tel: 07745 065969

#### **Project Description**

Little is known about women's expression of anger in intimate relationships. Therefore the aim of this study is to gain a deeper understanding of women's experiences of engaging in aggression, abuse, and/or violence with their male intimate partners. It is hoped that this will help to raise professional awareness and improve the support available to women, empowering women to effectively deal with their experiences. This study aims to offer women the opportunity to talk about their experiences in their own words, to have their voices heard.

Have you been in conflict with a male partner at any time in the past which has led you to behave in an abusive or violent manner? If you would like to share your experience, I would very much like to hear it.

#### **What is involved?**

Participation in this study will involve an individual interview with me lasting approximately 60 minutes where you will be given the opportunity to talk about

your personal experience of engaging in aggression, abuse and/or violence in the past with a male partner. At the interview you will be asked to sign a consent form agreeing to your participation. You will be asked about when and how you first became aware of your behaviour, and how you understand how you came to be abusive in your relationship. You will be given a sheet of example questions to look at prior to the interview to give you an opportunity to think about what you might like to say.

Whilst speaking about your personal experiences may feel beneficial there is a possibility that it may be upsetting too. I will make every effort to ensure you feel understood, and that you do not feel pressured to talk about anything you do not want to. After the interview there will be time to ask questions about the research. Information about relevant support organisations will be provided in case you would like to further address your experiences in a safe environment after the interview process.

### **Confidentiality**

**Information that you provide for the purposes of this study will remain strictly confidential.** However, if you disclose during the interview that you are harming someone now, or you are being harmed, then the researcher will discuss this with you and they may need to contact relevant services (e.g. your GP).

The interviews will be audio-recorded. These recordings will be typed up by the researcher and all names, dates, addresses and other identifying details will be changed to ensure that there will be nothing to identify you personally. You will be given a copy of the transcript and asked to review it in order to ensure you are satisfied that all identifying information has been removed. The audio-recordings will be destroyed after the completion of the research. Until then they will be kept in a safe place which only I will have access to. Anonymised transcripts will be kept on a password-protected file on my personal computer. You will be asked to give written consent to say you agree to be interviewed and audio-recorded. One copy of the consent form will be yours to keep; the other copy will be stored securely with the researcher. Transcripts will be kept for 3 years in case the research is used for publication. If you have further questions or concerns about the research you can contact the researcher on the email address provided above.

### **Location**

The interviews can take place within a private room at the support organisation which you are attending or have attended in the past, or alternatively a suitable location can be arranged.

### **Disclaimer**

You are not obliged to take part in this study and should not feel coerced. You are free to withdraw at any time. You can stop the interview at any time and can decline to answer any questions you don't want to answer. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason.

If participants decide to withdraw within 3 months after the interview the data will be destroyed. After this time the researcher reserves the right to use the anonymised data for any further analysis, and in the write-up of the study.

Please retain this invitation letter for reference.

If you have any questions or concerns about how the study has been conducted, please contact the study's supervisor: Dr Jane Lawrence, School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: J.Lawrence@uel.ac.uk Telephone: 02082234483

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: M.Finn@uel.ac.uk Tel: 02082234493

Thank you in anticipation.

Yours sincerely,

Amy Hammon

Trainee Counselling Psychologist

## Appendix 4: Participant consent form



UNIVERSITY OF EAST LONDON

School of Psychology  
Stratford Campus  
Water Lane  
London E15 4LZ  
Email: u1020645@uel.ac.uk

### Consent to participate in a research study

#### Women's experiences of engaging in abusive or violent behaviour with male intimate partners

I have read the invitation letter relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw after 3 months of completing the interview, the researcher reserves the right to use my anonymous data in the write-up of the study and in any further analysis that may be conducted by the researcher.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date

.....

## Appendix 5: Ethical approval

### ETHICAL PRACTICE CHECKLIST (Professional Doctorates)

**SUPERVISOR:** Jane Lawrence

**ASSESSOR:** Lara Frumkin

**STUDENT:** Amy Hammon  
10/07/2013

**DATE (sent to assessor):**

**Proposed research topic:** Women's experiences of engaging in intimate partner violence (IPV) with male partners

**Course:** Professional Doctorate in Counselling Psychology

- |  |     |
|--|-----|
| 1. Will free and informed consent of participants be obtained?   | YES |
| 2. If there is any deception is it justified?  | N/A |
| 3. Will information obtained remain confidential?  | YES |
| 4. Will participants be made aware of their right to withdraw at any time?   | YES |
| 5. Will participants be adequately debriefed?  | YES |
| 6. If this study involves observation does it respect participants' privacy?   | NA  |
| 7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? | NA  |
| 8. Is procedure that might cause distress to participants ethical?   | NA  |
| 9. If there are inducements to take part in the project is this ethical?   | NA  |
| 10. If there are any other ethical issues involved, are they a problem?  | NA  |

#### APPROVED

YES		
-----	--	--

#### MINOR CONDITIONS:

#### REASONS FOR NON APPROVAL:

Assessor initials: LF

Date: 10/7/13

<b>RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)</b>
--

**SUPERVISOR:** Jane Lawrence

**ASSESSOR:** Lara Frumkin

**STUDENT:** Amy Hammon  
10/07/2013

**DATE (sent to assessor):**

**Proposed research topic:** Women's experiences of engaging in intimate partner violence (IPV) with male partners

**Course:** Professional Doctorate in Counselling Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- |    |  |    |
|----|--|----|
| 1  | Emotional                              | NO |
| 2. | Physical                               | NO |
| 3. | Other<br>(e.g. health & safety issues) | NO |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

**APPROVED**

YES		
-----	--	--

**MINOR CONDITIONS:**

**REASONS FOR NON APPROVAL:**

Assessor initials: LF

Date: 10/7/13

For the attention of the assessor: Please return the completed checklists by e-mail to [ethics.applications@uel.ac.uk](mailto:ethics.applications@uel.ac.uk) within 1 week.

## SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.

**UEL**  
University of  
East London  
[www.uel.ac.uk](http://www.uel.ac.uk)

### School of Psychology Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,



Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ  
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e-mail: [mno.davies@uel.ac.uk](mailto:mno.davies@uel.ac.uk) web: [www.uel.ac.uk/psychology](http://www.uel.ac.uk/psychology)



The University of East London has campuses at London Docklands and Stratford  
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



## Appendix 6: Interview schedule

### Interview schedule

Age / age group:

Last abusive relationship ended:

In therapy now YES/NO Duration:

Date of the interview:

Pseudonym:

### Background information

- Can you tell me about your relationship history? Prompt: how many partners? How would you describe your relationships?
- How would you describe your behaviour when you have been in conflict with a partner? Prompt: this is often referred to as 'abuse', 'aggression' or 'violence' – what terms best describe your own behaviour?
- How did this/these relationship(s) end? Prompt: how did your feelings about your partner(s) change?

### Understanding the abusive behaviour

- When were you first aware that you were behaving abusively in your relationship? How did you become aware of this?
- Can you tell me about a time when you were in conflict with your partner and this led you to behave in an abusive or violent manner? Prompt: how were you feeling? How did you perceive your behaviour at the time?
- How did your partner react? What did your partner do in response? Prompt: what did you make of this?
- Who, if anyone, did you tell? What did you say? How did they respond?
- When you look back on this now how do you perceive your behaviour then? Prompt: What brought about you wanting to change your behaviour?

### Help-seeking

- What led you to seek therapy? Prompt: how helpful has this been?
- What was your experience when accessing support and help? What was the support organisation's response?
- How has your behaviour changed? Prompt: What is your response now if you are in conflict with a partner? What do you expect from your partner?
- What did you learn from therapy? Prompt: How do you understand how you came to be abusive in your relationship? Have you had any other experiences of abusive relationships in your family?



## Appendix 7: Participant debriefing sheet



UNIVERSITY OF EAST LONDON  
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Stratford Campus  
Water Lane  
London E15 4LZ

### Debriefing Sheet

Thank you for agreeing to participate in this research. The general purpose of the research is to gain an understanding of women's experiences of engaging in aggression, abuse, and/or violence with male intimate partners. It is hoped that this will help to raise professional awareness and improve the support available to women.

In this study you were invited to participate in an individual interview where you were given the opportunity to talk about your personal experience of engaging in aggression, abuse and/or violence in the past with a male partner.

Following this interview, if you would like to further address your experiences in a safe environment, you may find the following sources of help useful:

#### National Health Direct

24 hour helpline

Freephone number: 111

Visit: <http://www.nhsdirect.nhs.uk/>

#### Respect

The Respect helpline is open Monday – Friday, 10am-1pm and 2pm-5pm

Freephone number: 0808 802 4040 (free from landlines and most mobile phones).

Email: [info@respectphoneline.org.uk](mailto:info@respectphoneline.org.uk)

Visit: <http://www.respectphoneline.org.uk>

#### Mind

The Mind helpline is open Monday - Friday, 9am - 6pm

Freephone number: 0300 123 3393

Email: [info@mind.org.uk](mailto:info@mind.org.uk)

Visit: <http://www.mind.org.uk>

The interviews will be audio-recorded and transcribed. All names, dates, addresses and any other identifying details will be changed to ensure that participants cannot be identified and will remain anonymous. Audio recordings will be destroyed after the completion of the research.

Information provided for the purpose of this study will remain strictly confidential. However, if a disclosure is made during the interview that you are harming someone now, or you are being harmed, then the researcher will discuss this with you and they may need to contact relevant services (e.g. your GP).

If you would like to withdraw from the study within 3 months of the interview, your data will be destroyed. After this time, you are still free to withdraw however the researcher reserves the right to use the anonymised data for any further analysis, and in the write-up of the study.

If you have any further questions about the study, please contact the researcher, Amy, via email; [u1020645@uel.ac.uk](mailto:u1020645@uel.ac.uk). Additionally, if you have any concerns about how the study has been conducted, please contact the study's supervisor: Dr Jane Lawrence, School of Psychology, University of East London, Water Lane, London E15 4LZ. Email: [J.Lawrence@uel.ac.uk](mailto:J.Lawrence@uel.ac.uk) Telephone: 02082234483

Thank you again for your participation.

## Appendix 8: Example of initial theme list - Sarah

Themes	Page numbers
Lack of boundaries / unselfconscious accounts of behaviour	24-25, 36, 38-39, 331-2, 358-60, 368
Interviewer confused	295-7, 338, 369-70
Fragmented narrative	306-311, 471, 672
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## Appendix 9: Photographs taken during analytic task







## Appendix 10: Table of themes

Superordinate Theme	Subtheme
<b>Repeating the Past:</b> <i>“I don’t think I’ve ever forgotten me past. I think the partners that I’ve met, started bringing that past up with what they were doin’”</i>	<b>The indelible imprint of past trauma:</b> <i>“I’ve got quite a few scars”</i>
	<b>Repeating and enduring relationships:</b> <i>“you end up in this bad situation, cause then you’re like, “come back”</i>
<b>From Pain to Violence:</b> <i>“There was so much anger inside me, I wanted to kill him”</i>	<b>Hoarding anger:</b> <i>“I just got angrier and angrier and angrier and angrier and I’m still here”</i>
	<b>The slightest thing:</b> <i>“I get angry with everyday things”</i>
	<b>Murderous rage:</b> <i>“I got a hammer and I was ready to kill him”</i>
<b>Disconnecting:</b> <i>“I wasn’t me”</i>	<b>The numbing of rage:</b> <i>“I were just in a rage. Erm, don’t feel anything. Just, just total hate... Don’t, don’t even think”</i>
	<b>Justifying, minimising, denying:</b> <i>“But the things he were saying, erm... made me hit him.”</i>
	<b>Breaking attachments:</b> <i>“the best place I am, is being on me own”</i>